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**********
1
                ATTENTION
         THESE POS RECORD SPECIFICATIONS WERE
         PRODUCED FROM OUR DICTIONARY AT THE
         SAME TIME AS THE POS DATA FILE THAT
         YOU REQUESTED. YOU MAY WISH TO CHECK
        THESE SPECIFICATIONS TO SEE IF ANY
         CHANGES HAVE OCCURED SINCE YOUR RECEIPT *
         OF ANY PRIOR DOCUMENTATION.
        FILE CREATION DATE = 04/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT
                                                             PAGE: 1
              HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)
  SHORT DESCRIPTION
                                        LEN START END TYPE SAS NAME
                                              1 2 C PROV0085
  CATEGORY - SUBTYPE OF PROVIDER
                                         2
    A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED
    NURSING FACILITIES AND HOSPITALS.
    COBOL NAME: CATEGORY-SUBTYPE-IND
    VALUES:
                               SHORT TERM
            0.1
             02
                               LONG TERM
             03
                               RELIGIOUS NONMEDICAL HEALTH CARE INSTITUTIONS
                               PSYCHIATRIC
             05
                               REHABILITATION
             06
                               CHILDRENS
                               DISTINCT PART PSYCH HOSPITAL
             07
             11
                               CRITICAL ACCESS HOSPITALS
                                          2 3 4 C PROV0075
  CATEGORY OF PROVIDER/SUPPLIER
    IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE
    PROVIDER OR SUPPLIER.
    COBOL NAME: CATEGORY
    VALUES: 01
                              HOSPITALS
                                          2 5 6 N PROV0095
  CHANGE OF OWNERSHIP COUNTER
    THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS
    TAKEN PLACE FOR A PARTICULAR PROVIDER.
    COBOL NAME: CHOW-CNT
                                         8 7 14 C PROV0100
  CHANGE OF OWNERSHIP DATE
    EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.
    COBOL NAME: CHOW-DT
  CITY
                                          28 15 42 C PROV3225
    CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.
    COBOL NAME: CITY
  COMPLIANCE: PLAN OF CORRECTION
                                                    43 C PROV0220
                                         1
                                              43
    INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM
    REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION
    OF DEFICIENCIES.
    COBOL NAME: COMPL-ACCEPT-PLAN-COR
    VALUES: 1
                               COMPLIANCE BASED ON ACCEPTABLE POC
                                          1 44 44 C PROV2715
  COMPLIANCE: STATUS
```

INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE

WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL

VALUES: A IN COMPLIANCE

B NOT IN COMPLIANCE

COUNTY CODE 3 45 47 C PROV2695

SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY

IS LOCATED.

COBOL NAME: SSA-COUNTY

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300

NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.

COBOL NAME: CROSS-REF-PROV-NUM

CURRENT FMS SURVEY DATE 8 58 65 C PROV0500

CURRENT FMS SURVEY DATE

COBOL NAME: FMS-SURVEY-DT-1

CURRENT SURVEY DATE 8 66 73 C PROV2740

THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY,

WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR

THE PROVIDER.

COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE 1 74 74 C PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN

THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE

NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 50 75 124 C PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO

PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 125 129 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER

SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES: 00010 BLUE CROSS (ALABAMA)

00011 CAHABA

00020 BLUE CROSS (ARKANSAS) 00030 BLUE CROSS (ARIZONA) 00040 BLUE CROSS (CALIFORNIA)

00060 BLUE CROSS (CONNECTICUT) 00070 BLUE CROSS (DELAWARE) 00090 BLUE CROSS (FLORIDA)

00101 BLUE CROSS (GEORGIA) 00121 HEALTH CARE SERVICE CORPORATION

00122 HCSC - MICHIGAN 00123 HCSC OF MICHIGAN

```
00130 BLUE CROSS (INDIANA)
00131 ADMINISTAR FEDERAL (CHICAGO)
00140 BLUE CROSS (IOWA/SOUTH DAKOTA)
00150 BLUE CROSS (KANSAS)
00160
                      BLUE CROSS (KENTUCKY)
00180
                      BLUE CROSS (MAINE)
00190
                      BLUE CROSS (MARYLAND)
                      BLUE CROSS (MASSACHUSETTS)
00200
00210
                      BLUE CROSS (MICHIGAN)
00220
                        BLUE CROSS (MINNESOTA)
```

ATE: 04/03/2006	POS RECORD LAYOUT PAGE: 3
HOSPITALS,	CATEGORY = "01" (SEE POSITIONS 3-4)
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
00230	BLUE CROSS (MISSISSIPPI)
00231	BLUE CROSS (LOUISIANA)
00241	BLUE CROSS (MISSOURI)
00250	BLUE CROSS (MONTANA)
00260	BLUE CROSS (NEBRASKA)
00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE
00280	BLUE CROSS (NEW JERSEY)
00290	BLUE CROSS (NEW MEXICO)
00308	BLUE CROSS (EMPIRE)
00310	BLUE CROSS (NORTH CAROLINA)
00320	BLUE CROSS (NORTH DAKOTA)
00332	COMMUNITY MUTUAL INSURANCE CO
00340	BLUE CROSS (OKLAHOMA)
00350	BLUE CROSS (OREGON)
00351	BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362	BLUE CROSS (INDEPENDENCE)
00363	BLUE CROSS (WESTERN PENNSYLVANIA)
00366	HIGHMARK MEDICARE SERVICES
00370	BLUE CROSS (RHODE ISLAND)
00380	BLUE CROSS (SOUTH CAROLINA)
00390	BLUE CROSS (TENNESSEE)
00400	BLUE CROSS (TEXAS)
00410	BLUE CROSS (UTAH)
00423	BLUE CROSS (VIRGINIA/WEST VA)
00430	BLUE CROSS (WASHINGTON & ALASKA)
00450	BLUE CROSS (WISCONSIN)
00452	UNITED GOVT SERVICES
00454	USG CALIFORNIA
00460	BLUE CROSS (WYOMING)
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00511	САНАВА
00883	PALMETTO
00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN
01390	AETNA (WASHINGTON)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)

51140	NATION NATION TRAVIATION AETNA AETNA AETNA AETNA	ONAL HERITONAL HERITONAL HERITONAL HERITONE ELERS (NEVA (PETALUMA (FARMINGA (CLEARWAA (PEORIA) A (FORT WA	TAGE INSU TAGE INSU V YORK) MA) STON) ATER)	JRANCE JRANCE	CO	
* INDICATES THIS FIELD HAS BEEN A 1DATE: 04/03/2006 POS HOSPITALS, CATEGO	RECO	RD LAYOUT	-	, -		PAGE: 4
SHORT DESCRIPTION		LEN	I START	END	TYPE	SAS NAME
52280 57400		AL OF OMAH ERATIVA (E		ICO)		
MEDICARE OR MEDICAID VENDOR NUM A NUMBER WHICH MAY BE ASSIGNE STATE MEDICAID AGENCY FOR EXT PURPOSES.	D TO A	A FACILITY	BY THE		С	PROV0655
COBOL NAME: MEDICAID-VEND-NUM PARTICIPATION DATE THE DATE A FACILITY IS FIRST. MEDICARE AND/OR MEDICAID SERV COBOL NAME: PARTCI-DT	APPRO	VED TO PRO	_	152	С	PROV1565
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF COBOL NAME: PRIOR-CHOW-DT	OWNE		153	160	С	PROV1615
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBE COBOL NAME: PRIOR-INTER-CARRI		N	161	165	С	PROV1620
PROVIDER NUMBER  A SIX OR TEN POSITION IDENTIF SIGNED TO A CERTIFIED PROVIDE IS ISSUED A 6 POSITION NUMERI A SUPPLIER IS ISSUED A 10 POS COBOL NAME: PROV-NUM	R OR S	ON NUMBER SUPPLIER. ALPHANUMER	A PROVI	AS- IDER ER,	С	PROV1680
RECORD TYPE  THIS INDICATOR SPECIFIES THE COBOL NAME: RECORD-TYPE  VALUES: A  P  W	CURREI ACCEI PENDI WORK	PTED ING			С	PROV1720
REGION CODE  THE HCFA REGIONAL OFFICE HAVI: STATE IN WHICH THE PROVIDER I. COBOL NAME: REGION VALUES: 01 02 03				_	С	PROV1725

IV ATLANTA

V CHICAGO

NATIONAL HERITAGE INSURANCE CO

31143

04

05

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06 VI DALLAS
07 VII KANSAS CITY
08 VIII DENVER
09 IX SAN FRANCISCO
10 X SEATTLE
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1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 5

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SKELETON RECORD INDICATOR 1 179 179 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE

FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES: Y YES

STATE ABBREVIATION 2 180 181 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES: AK ALASKA
AL ALABAMA
AR ARKANSAS

AS AMERICAN SAMOA

AZ ARIZONA
CA CALIFORNIA
CN CANADA
CO COLORADO
CT CONNECTICUT

DC DISTRICT OF COLUMBIA

DE DELAWARE FLFLORIDA GΑ GEORGIA GU GUAM HAWAII HIIOWA IΑ ID IDAHO ILILLINOIS IN INDIANA KS KANSAS ΚY KENTUCKY LA LOUISIANA MASSACHUSETTS ΜA MDMARYLAND MEMAINE MICHIGAN

ME MAINE
MI MICHIGAN
MN MINNESOTA
MO MISSOURI
MP SAIPAN
MS MISSISSIPPI
MT MONTANA

```
MX
                 MEXICO
NC
                  NORTH CAROLINA
ND
                  NORTH DAKOTA
NE
                  NEBRASKA
NH
                  NEW HAMPSHIRE
NJ
                  NEW JERSEY
MM
                  NEW MEXICO
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1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 6

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

## SHORT DESCRIPTION LEN START END TYPE SAS NAME

NV	NEVADA
NY	NEW YORK
ОН	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT	VERMONT
WA	WASHINGTON
WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING

2 182 183 C PROV2700 STATE CODE (SSA)

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS

LOCATED.

COBOL NAME: SSA-STATE

VALUES:	01	ALABAMA		
	02	ALASKA		
	03	ARIZONA		
	04	ARKANSAS		
	05	CALIFORNIA		
	06	COLORADO		
	07	CONNECTICUT		
	08	DELAWARE		
	09	DISTRICT OF COLUMBIA		
	10	FLORIDA		
	11	GEORGIA		
	12	HAWAII		
	13	IDAHO		
	14	ILLINOIS		
	15	INDIANA		
	16	AWOI		
	17	KANSAS		

18	KENTUCKY
19	LOUISIANA
20	MAINE
21	MARYLAND
22	MASSACHUSETTS
23	MICHIGAN

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 7

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

## SHORT DESCRIPTION LEN START END TYPE SAS NAME 24 MINNESOTA 25 MISSISSIPPI 26 MISSOURI

27 MONTANA 28 NEBRASKA 29 NEVADA 30 NEW HAMPSHIRE

31 NEW JERSEY 32 NEW MEXICO 33 NEW YORK 34

NORTH CAROLINA 35 NORTH DAKOTA 36 OHIO

OKLAHOMA 37 38 OREGON 39 PENNSYLVANIA 40 PUERTO RICO 41 RHODE ISLAND

42 SOUTH CAROLINA 43 SOUTH DAKOTA 44 TENNESSEE

TEXAS 45 46 UTAH 47 VERMONT

48 VIRGIN ISLANDS 49 VIRGINIA WASHINGTON 51 WEST VIRGINIA

52 WISCONSIN 53 WYOMING 56 CANADA 59 MEXICO

AMERICAN SAMOA 65 GUAM

66 SAIPAN STATE REGION CODE

FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION

184 186 C PROV2710

WITHIN THE STATE WHERE THE FACILITY IS LOCATED

COBOL NAME: STATE-REGION-CD STREET ADDRESS

64

187 236 C PROV2720 STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO

PROVIDE MEDICARE AND/OR MEDICAID SERVICES.

COBOL NAME: STREET-ADDRESS

10 237 246 C PROV1605 TELEPHONE NUMBER

THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR

THE OPERATOR OF A PROVIDER.

COBOL NAME: PHONE-NUM

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

PAGE: 8 1DATE: 04/03/2006 POS RECORD LAYOUT

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

TERMINATION CODE # 1 247 248 C PROV4770

TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID

PROGRAMS.

COBOL NAME: TERM-CD-1

VALUES: 00 ACTIVE 01 VOL-MERG, CLOSE 02 VOL-REIMBURSE 03 VOL-RISK INVOL 04 VOL-OTHER 0.5 INVOL-FAIL REO 06 INVOL-AGREEMNT

TERMINATION DATE/EXPIRATION DATE 1 249 256 C PROV4500

OTH-STATUS CHG

THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE.

FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE

FACILITY WAS TERMINATED.

07

COBOL NAME: EXP-DT-1

257 257 C PROV2880 TYPE OF ACTION

IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND

TRANSMITTAL FORM WAS PREPARED.

COBOL NAME: TYPE-ACTION

VALUES: 1 INITIAL

> 2 RECERTIFICATION 3 TERMINATION

CHANGE OF OWNERSHIP VALIDATION (ACCRD)

2 258 259 C PROV2885 TYPE OF CONTROL

INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES

A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL

VOLUNTARY NON-PROFIT - CHURCH VALUES: 01 02 VOLUNTARY NON-PROFIT - PRIVATE VOLUNTARY NON-PROFIT - OTHER 03 04 PROPRIETARY 05

GOVERNMENT - FEDERAL 06 GOVERNMENT - STATE 07 GOVERNMENT - LOCAL

GOV. - HOSP. DIST. OR AUTH.

5 260 264 C PROV2905 ZIP CODE

THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.

COBOL NAME: ZIP-CD

FIPS STATE CODE 2 265 266 C FIPSTATE

FIPS STATE CODE

COBOL NAME: WS-FIPS-STATE

FIPS COUNTY CODE 3 267 269 C FIPCNTY

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 9

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

FIPS COUNTY CODE

COBOL NAME: WS-FIPS-CNTY

SSA MSA CODE 3 270 272 C SSAMSACD

SSA MSA CODE

COBOL NAME: WS-SSA-MSA-CD

SSA MSA SIZE CODE 1 273 273 C SSAMSASZ

SSA MSA SIZE CODE

COBOL NAME: WS-SSA-MSA-SIZE-CD

ACCREDITATION EFFECTIVE DATE 8 274 281 C PROV0000

THE EFFECTIVE DATE OF THE CURRENT PERIOD OF

ACCREDITATION BY THE JOINT COMMISSION ON ACCREDITATION

OF HEALTH CARE ORGANIZATIONS (JCAHO) OR THE AMERICAN

OSTEOPATHIC ASSOCIATION (AOA).

COBOL NAME: ACCRED-EFF-DT

ACCREDITATION EXPIRATION DATE 8 282 289 C PROV0005

THE EXPIRATION DATE OF THE CURRENT PERIOD OF

ACCREDITATION BY THE JOINT COMMITTEE ON ACCREDITATION

OF HEALTH CARE ORGANIZATIONS (JCAHO) OR THE AMERICAN

OSTEOPATHIC ASSOCIATION (AOA).

COBOL NAME: ACCRED-EXP-DT

ACCREDITATION INDICATOR 1 290 290 C PROV0010

INDICATES THE ORGANIZATION THAT IS RESPONSIBLE FOR

THE ACCREDITATION OF THE PROVIDER.

COBOL NAME: ACCRED-STAT

VALUES: 0 NONE

1 JCAHO

2 AOA

4 BOTH

BEDS - TOTAL 4 291 294 N PROV0740

TOTAL NUMBER OF BEDS IN A FACILITY, INCLUDING THOSE

IN NON-PARTICIPATING OR NON-LICENSED AREAS.

COBOL NAME: NUM-BEDS

BEDS - TOTAL CERTIFIED 4 295 298 N PROV0755

NUMBER OF BEDS IN MEDICARE AND/OR MEDICAID CERTIFIED

AREAS WITHIN A FACILITY.

COBOL NAME: NUM-CERT-BEDS

CERTIFIED RN ANESTHETISTS 7.2 299 305 N PROV0760

NUMBER OF FULL-TIME EQUIVALENT CERTIFIED REGISTERED

NURSE ANESTHETISTS (CRNA) EMPLOYED BY A HOSPITAL.

COBOL NAME: NUM-CERT-RN-ANEST

CLIA - HOSP LAB ID #1 10 306 315 C PROV0130

NUMBER ASSIGNED TO A HOSPITAL LABORATORY LICENSED IN ACCORDANCE WITH THE CLINICAL LABORATORY IMPROVEMENT

ACT (CLIA).

COBOL NAME: CLIA-ID-NUM-A

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 10 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME CLIA - HOSP LAB ID #2 10 316 325 C PROV0135 NUMBER ASSIGNED TO A HOSPITAL LABORATORY LICENSED IN ACCORDANCE WITH THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA). COBOL NAME: CLIA-ID-NUM-B CLIA - HOSP LAB ID #3 10 326 335 C PROV0140 NUMBER ASSIGNED TO A HOSPITAL LABORATORY LICENSED IN ACCORDANCE WITH THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA). COBOL NAME: CLIA-ID-NUM-C 336 345 C PROV0145 CLIA - HOSP LAB ID #4 1.0 NUMBER ASSIGNED TO A HOSPITAL LABORATORY LICENSED IN ACCORDANCE WITH THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA). COBOL NAME: CLIA-ID-NUM-D CLIA - HOSP LAB ID #5 346 355 C PROV0150 NUMBER ASSIGNED TO A HOSPITAL LABORATORY LICENSED IN ACCORDANCE WITH THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA). COBOL NAME: CLIA-ID-NUM-E COMPLIANCE: LIFE SAFETY CODE 1 356 356 C PROV0240 INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN RECOMMENDED FOR A PROVIDER. COBOL NAME: COMPL-LSC VALUES: 1 WAIVER RECOMMENDED 1 357 357 C PROV0280 COMPLIANCE: SCOPE OF SERVICE INDICATES IF A WAIVER OF THE SCOPE OF SERVICES REQUIREMENT HAS BEEN RECOMMENDED FOR A HOSPITAL. COBOL NAME: COMPL-SCOPE-OF-SERV VALUES: 1 WAIVER RECOMMENDED 1 358 358 C PROV0285 COMPLIANCE: TECHNICAL PERSONNEL INDICATES IF A WAIVER OF THE TECHNICAL PERSONNEL REQUIREMENT HAS BEEN RECOMMENDED FOR A HOSPITAL. COBOL NAME: COMPL-TECH-PERSNL VALUES: 1 WAIVER RECOMMENDED 359 359 C PROV0290 COMPLIANCE: 24 HR REGISTERED NURSE 1 INDICATES IF A WAIVER OF THE 24 HOUR REGISTERED NURSE REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY. COBOL NAME: COMPL-24-HR-RN VALUES: 1 WAIVER RECOMMENDED CURRENT SURVEY EVER ACCREDITED 1 360 360 C PROV3545

INDICATES IF THIS PROVIDER WAS AN ACCREDITED HOSPITAL

ANYTIME DURING THE CURRENT SURVEY. COBOL NAME: CURRENT-EVER-ACCRED VALUES:

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 11

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

N NO Y YES

CURRENT SURVEY EVER NON-ACCRED 1 361 C PROV3555

INDICATES IF THIS PROVIDER WAS A NON-ACCREDITED

HOSPITAL ANYTINE DURING THE CURRENT SURVEY.

COBOL NAME: CURRENT-EVER-NON-ACCRED VALUES: N NO YES

CURRENT SURVEY EVER SWINGBED 1 362 362 C PROV3550

INDICATES IF THIS PROVIDER WAS A SWINGBED HOSPITAL

ANYTIME DURING THE CURRENT SURVEY.

COBOL NAME: CURRENT-EVER-SWINGBED

VALUES: N NO
Y YES

DATE OF VALIDATION SURVEY 8 363 370 C PROV0450

DATE A VALIDATION SURVEY IS PERFORMED BY THE STATE

AGENCY IN A JCAH OR AOA ACCREDITED HOSPITAL.

COBOL NAME: DT-VALID-SURVEY

DIETICIANS 7.2 371 377 N PROV0820

NUMBER OF FULL-TIME EQUIVALENT DIETICIANS EMPLOYED BY A

COBOL NAME: NUM-DIETICIANS

FISCAL YEAR ENDING DATE 4 378 381 C PROV0485

THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL

YEAR.

COBOL NAME: FISC-YR-END-DT

LICENSED PRACT/VOCAT NURSES 7.2 382 388 N PROV0955

NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL OR

VOCATIONAL NURSES EMPLOYED BY A FACILITY.

COBOL NAME: NUM-LPN-LVN

MEDICAL SCHOOL AFFILIATION 1 389 389 C PROV0645

THE TYPE OF AFFILIATION THAT A HOSPITAL MAY HAVE WITH

A MEDICAL SCHOOL.

COBOL NAME: MED-SCHL-AFF

VALUES: 1 MAJOR
2 LIMITED
3 GRADUATE

4 NO AFFILIATION

MEDICAL TECHNOLOGISTS (LAB) 7.2 390 396 N PROV6290

NUMBER OF FULL TIME EQUIVALENT MEDICAL LABORATORY

TECHNOLOGISTS EMPLOYED BY A HOSPITAL

COBOL NAME: NUM-LAB-MED-TECHS

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 12

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

MEETS 1861 DEFINITION 1 397 C PROV0670

INDICATES IF AN EMERGENCY HOSPITAL MEETS THE DEFINITION OF "HOSPITAL" CONTAINED IN SECTION 1861 OF THE SOCIAL

SECURITY ACT.

COBOL NAME: MEETS-1861

VALUES: Y MEETS 1861(E)(1)

NUCLEAR MEDICINE TECHNICIANS 7.2 398 404 N PROV6295

NUMBER OF FULL TIME EQUIVALENT NUCLEAR MEDICINE

TECHNICIANS EMPLOYED BY A HOSPITAL.

COBOL NAME: NUM-NUCL-MED-TECHS

OCCUPATIONAL THERAPISTS 7.2 405 411 N PROV1050

THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL

THERAPISTS EMPLOYED BY A PROVIDER.

COBOL NAME: NUM-OCCUP-THERAPISTS

OTHER PERSONNEL 7.2 412 418 N PROV1075

THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED

PERSONNEL EMPLOYED BY A FACILITY.

COBOL NAME: NUM-OTHER-PERSNL

PARTICIPATING CODE (Y,N) 1 419 C PROV1575

THIS CODE INDICATES WHETHER A PROVIDER IS PARTICIPATING

IN THE MEDICAID OR MEDICARE PROGRAM.

COBOL NAME: PARTICIPATING-CD

VALUES: N NON-PARTICIPATING PROVIDER

Y PARTICIPATING PROVIDER

PHYSICAL THERAPISTS 7.2 420 426 N PROV1125

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS

EMPLOYED BY A PROVIDER.

COBOL NAME: NUM-PHYS-THERAPY

PHYSICIAN ASSISTANTS 7.2 427 433 N PROV1115

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN ASSISTANTS

EMPLOYED BY A HOSPITAL OR RURAL HEALTH CLINIC.

COBOL NAME: NUM-PHYS-ASSIST

PROGRAM PARTICIPATION 1 434 434 C PROV1670

INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE,

MEDICAID, OR BOTH PROGRAMS.

COBOL NAME: PROG-PARTCI

VALUES: 1 MEDICARE ONLY

3 MEDICARE AND MEDICAID

PSYCHIATRIC UNIT BEDS 3 435 437 N PROV1690

THE NUMBER OF BEDS IN A PPS EXEMPT PSYCHIATRIC UNIT OF

A HOSPITAL.

COBOL NAME: PSY-UNIT-BED-SZ

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 13

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

PSYCHIATRIC UNIT EFFECTIVE DATE 8 438 445 C PROV1695

THE DATE A PSYCHIATRIC UNIT BECAME EXEMPT FROM THE

PROSPECTIVE PAYMENT SYSTEM (PPS).

COBOL NAME: PSY-UNIT-EFF-DT

PSYCHIATRIC UNIT INDICATOR 1 446 446 C PROV1700

INDICATES IF A HOSPITAL HAS A PPS EXEMPT PSYCHIATRIC

UNIT.

COBOL NAME: PSY-UNIT-IND

VALUES: Y PSYCH UNIT

PSYCHIATRIC UNIT TERMINATION CODE 1 447 447 C PROV1705

INDICATES THE REASON THAT A PSYCHIATRIC UNIT IS NO

LONGER EXEMPT FROM PPS.

COBOL NAME: PSY-UNIT-TERM-CD

VALUES: 0 ACTIVE

1 VOLUNTARY-MERGER OR CLOSURE

2 VOLUNTARY-DISSATISFIED WITH REIMBURSEMENT

RISK OF INVOLUNTARY TERMINATION

4 VOLUNTARY-OTHER

5 FAILURE TO MEET HEALTH/SAFETY 6 FAILURE TO MEET AGREEMENT

7 PROVIDER STATUS CHANGE

PSYCHIATRIC UNIT TERMINATION DATE 8 448 455 C PROV1710

THE DATE A PSYCHIATRIC UNIT IS NO LONGER EXEMPT FROM

THE PROSPECTIVE PAYMENT SYSTEM.

COBOL NAME: PSY-UNIT-TERM-DT

PSYCHOLOGISTS 7.2 456 462 N PROV6300

NUMBER OF FULL TIME EQUIVALENT PSYCHOLOGISTS

EMPLOYED BY A HOSPITAL.

COBOL NAME: NUM-PSYCHOL

RADIOLOGY TECHNICIANS (DIAGNOSTIC) 7.2 463 469 N PROV6305

NUMBER OF FULL TIME EQUIVALENT DIAGNOSTIC RADIOLOGY

TECHNICIANS EMPLOYED BY A HOSPITAL.

COBOL NAME: NUM-RADIO-TECHS

REGIONAL OVERRIDE #1 (NUMBER BEDS) 1 470 470 C PROV1545

THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS

SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE

ODIE DATA ENTRY SYSTEM.

COBOL NAME: OVERRIDE-1

VALUES: Y RECORD HAS BEEN APPROVED

REGIONAL OVERRIDE #2 (STAFFING) 1 471 C PROV1550

THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS

SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE

ODIE DATA ENTRY SYSTEM.

COBOL NAME: OVERRIDE-2

VALUES:

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 14

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 15

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

Y RECORD HAS BEEN APPROVED

REGIONAL OVERRIDE #3 (NURSE - BED) 1 472 472 C PROV1555

THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS

SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE

ODIE DATA ENTRY SYSTEM.

COBOL NAME: OVERRIDE-3

VALUES: Y RECORD HAS BEEN APPROVED

REGISTERED NURSES 7.2 473 479 N PROV1145

THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED PROFESSIONAL NURSES EMPLOYED BY A PROVIDER.

COBOL NAME: NUM-REG-NURS

REGISTERED PHARMACISTS 7.2 480 486 N PROV1100

THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED

PHARMACISTS EMPLOYED BY A PROVIDER.

COBOL NAME: NUM-PHARMACIST-REG

REHABILITATION UNIT BEDS 3 487 489 N PROV1730

THE NUMBER OF BEDS IN A PPS EXEMPT REHABILITATION UNIT

OF A HOSPITAL.

COBOL NAME: REHAB-UNIT-BED-SZ

REHABILITATION UNIT EFFECT DATE 8 490 497 C PROV1735

THE DATE A REHABILITATION UNIT BECAME EXEMPT FROM THE

PROSPECTIVE PAYMENT SYSTEM.

COBOL NAME: REHAB-UNIT-EFF-DT

REHABILITATION UNIT INDICATOR 1 498 498 C PROV1740

INDICATES IF A HOSPITAL HAS A PPS EXEMPT REHABILITATION

UNIT.

COBOL NAME: REHAB-UNIT-IND

VALUES: Y REHAB UNIT

REHABILITATION UNIT TERMINAT CODE 1 499 C PROV1745

THIS ELEMENT INDICATES THE REASON FOR A HOSPITAL REHABILITATION UNIT'S TERMINATION OF ITS EXCLUSION

STATUS UNDER PROSPECTIVE PAYMENT SYSTEM.

COBOL NAME: REHAB-UNIT-TERM-CD

VALUES: 0 ACTIVE

1 VOLUNTARY-MERGER OR CLOSURE

2 VOLUNTARY-DISSATISFIED WITH REIMBURSEMENT

3 RISK OF INVOLUNTARY TERMINATION

4 VOLUNTARY-OTHER

5 FAILURE TO MEET HEALTH/SAFETY 6 FAILURE TO MEET AGREEMENT 7 PROVIDER STATUS CHANGE

<sup>\*</sup> INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 16

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

REHABILITATION UNIT TERMINAT DATE 8 500 507 C PROV1750

THIS ELEMENT IS THE DATE THE HOSPITAL'S PSYCHIATRIC UNIT IS NO LONGER EXCLUDED FROM PROSPECTIVE PAYMENT

SYSTEM.

COBOL NAME: REHAB-UNIT-TERM-DT

RESIDENT PROGRAM APPROVED BY ADA 1 508 508 C PROV1805

INDICATES IF THE RESIDENT PROGRAM AT A HOSPITAL IS

APPROVED BY THE AMERICAN DENTAL ASSOCIATION

COBOL NAME: RES-PGM-APPR-ADA

VALUES: N NOT APPROVED

Y APPROVED

RESIDENT PROGRAM APPROVED BY AMA 1 509 509 C PROV1810

INDICATES IF THE RESIDENT PROGRAM AT A HOSPITAL IS

APPROVED BY THE AMERICAN MEDICAL ASSOCIATION.

COBOL NAME: RES-PGM-APPR-AMA

VALUES: N NOT APPROVED

Y APPROVED

RESIDENT PROGRAM APPROVED BY AOA 1 510 C PROV1815

INDICATES IF THE RESIDENT PROGRAM AT A HOSPITAL IS APPROVED BY THE AMERICAN OSTEOPATHIC ASSOCIATION.

COBOL NAME: RES-PGM-APPR-AOA

VALUES: N NOT APPROVED

Y APPROVED

RESIDENT PROGRAM APPROVED BY OTHER 1 511 511 C PROV1820

INDICATES IF THE RESIDENT PROGRAM AT A HOSPITAL IS

APPROVED BY OTHER PROFESSIONAL ORGANIZATIONS.

COBOL NAME: RES-PGM-APPR-OTHER

VALUES: N NOT APPROVED

Y APPROVED

RESIDENTS (PHYSICIANS) 7.2 512 518 N PROV1165

THE NUMBER OF FULL-TIME EQUIVALENT RESIDENTS

(PHYSICIANS) EMPLOYED BY A HOSPITAL.

COBOL NAME: NUM-RESID-PHYS

RESPIRATORY THERAPISTS 7.2 519 525 N PROV0950

NUMBER OF FULLTIME EQUIVALENT RESPIRATORY THERAPISTS

EMPLOYED BY A HOSPITAL.

COBOL NAME: NUM-INHAL-THERAPY

SRV: ACUTE RENAL DIALYSIS 1 526 526 C PROV2055

INDICATES HOW ACUTE RENAL DIALYSIS SERVICES ARE

PROVIDED IN A HOSPITAL.

COBOL NAME: SP-ACUTE-REN-DIAL

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 17

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: ALCOHOL AND/OR DRUG 1 527 527 C PROV2065

INDICATES HOW ALCOHOL AND/OR DRUG SERVICES ARE PROVIDED

BY A HOSPITAL.

COBOL NAME: SP-ALCOH-DRUG

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: AMBULANCE (OWNED) 1 528 528 C PROV6155

INDICATES HOW AMBULANCE (OWNED) SERVICES ARE PROVIDED

BY A HOSPITAL.

COBOL NAME: SP-AMBUL-OWNED

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: ANESTHESIA 1 529 529 C PROV2070

INDICATES HOW ANESTHESIA SERVICES ARE PROVIDED BY A

HOCDTTAT.

COBOL NAME: SP-ANESTH

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT

3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: AUDIOLOGY 1 530 530 C PROV6160

INDICATES HOW AUDIOLOGY SERVICES ARE PROVIDED BY A

HOSPITAL.

COBOL NAME: SP-AUDIO

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: BLOOD BANK 1 531 531 C PROV5675

INDICIATES HOW BLOOD BANK SERVICES ARE PROVIDED BY A

HOSPITAL.

COBOL NAME: SP-BLOOD-BANK

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 18

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: BURN CARE UNIT 1 532 532 C PROV2090

INDICATES HOW BURN CARE UNIT SERVICES ARE PROVIDED

BY A HOSPITAL.

COBOL NAME: SP-BURN-UNIT

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: CARDIAC CATHETERIZATION LAB 1 533 533 C PROV6165

INDICATES HOW CARDIAC CATHETERIZATION LABORATORY

SERVICES ARE PROVIDED BY A HOSPITAL.

COBOL NAME: SP-CARD-CATH-LAB

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: CARDIO-THORACIC SURGERY 1 534 534 C PROV2285

INDICATES HOW CARDIO-THORACIC SURGERY SERVICES ARE

PROVIDED BY A HOSPITAL.

COBOL NAME: SP-OPEN-HEART-SURG

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: CHEMOTHERAPY SERVICE 1 535 535 C PROV6170

INDICATES HOW CHEMOTHERAPY SERVICES ARE PROVIDED BY A

HOSPITAL.

COBOL NAME: SP-CHEMOTHER

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

PROVIDED BY ARRANGEMENT OR AGREEMENT
PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: CHIROPRACTIC 1 536 536 C PROV2100

INDICATES HOW CHIROPRACTICE SERVICES ARE PROVIDED BY A

HOSPITAL.

COBOL NAME: SP-CHIROPRATIC

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 19

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: CT SCANNER 1 537 537 C PROV6175

INDICATES HOW CT SCANNER SERVICES ARE PROVIDED BY A

HOSPITAL.

COBOL NAME: SP-CT-SCAN

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: DENTAL 1 538 538 C PROV2120

INDICATES HOW DENTAL SERVICES ARE PROVIDED BY A

HOSPITAL.

COBOL NAME: SP-DENTAL

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: DIETARY 1 539 539 C PROV2130

INDICATES HOW DIETARY SERVICES ARE PROVIDED BY A

HOSPITAL

COBOL NAME: SP-DIETARY

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: EMERGENCY DEPT (DEDICATED) 1 540 540 C PROV6180

INDICATES HOW DEDICATED EMERGENCY DEPARTMENT SERVICES

ARE PROVIDED BY A HOSPITAL COBOL NAME: SP-EMERG-DEDICATED

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: EMERGENCY SERVICES 1 541 C PROV2140

INDICATES HOW EMERGENCY SERVICES ARE PROVIDED

BY A HOSPITAL.

COBOL NAME: SP-EMERG-DEPT

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 20

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SRV: GERONTOLOGICAL SPECIALTY 1 542 542 C PROV6190

INDICATES HOW GERONTOLOGICAL SPECIALTY SERVICES

ARE PROVIDED IN A HOSPITAL.

COBOL NAME: SP-GERON-SPEC

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: HOME HEALTH SERVICES 1 543 543 C PROV2160

INDICATES HOW HOME HEALTH SERVICES ARE PROVIDED BY A

HOSPITAL.

COBOL NAME: SP-HOME-CARE-UNIT

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: HOSPICE 1 544 544 C PROV2175

INDICATES HOW HOSPICE SERVICES ARE PROVIDED BY A

HOSPITAL.

COBOL NAME: SP-HOSPICE

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: ICU - CARDIAC (NON-SURGICAL) 1 545 545 C PROV2110

INDICATES HOW ICU - CARDIAC (NON-SURGICAL) SERVICES ARE

PROVIDED BY A HOSPITAL.

COBOL NAME: SP-CORONARY-CARE

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: ICU - MEDICAL/SURGICAL 1 546 546 C PROV2185

INDICATES HOW ICU - MEDICAL/SURGICAL SERVICES ARE

PROVIDED BY A HOSPITAL.

COBOL NAME: SP-ICU

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 21

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: ICU - NEONATAL 1 547 547 C PROV6195

INDICATES HOW ICU - NEONATAL SERVICES ARE PROVIDED

IN A HOSPITAL.

COBOL NAME: SP-ICU-NEONATAL

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: ICU - PEDIATRIC 1 548 548 C PROV6200

INDICATES HOW ICU - PEDIATRIC SERVICES ARE PROVIDED

IN A HOSPITAL.

COBOL NAME: SP-ICU-PEDIATRIC

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: ICU - SURGICAL 1 549 549 C PROV6205

INDICATES HOW ICU - SURGICAL SERVICES ARE PROVIDED

IN A HOSPITAL.

COBOL NAME: SP-ICU-SURG

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: LABORATORY (ANATOMICAL) 1 550 550 C PROV2205

INDICATES HOW ANATOMICAL LABORATORY SERVICES ARE

PROVIDED IN A HOSPITAL.

COBOL NAME: SP-LABORATORY-ANATOM

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: LABORATORY (CLINICAL) 1 551 551 C PROV2210

INDICATES HOW CLINICAL LABORATORY SERVICES ARE PROVIDED

IN A HOSPITAL.

COBOL NAME: SP-LABORATORY-CLINIC

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 22

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: LONG TERM CARE (SWING-BEDS) 1 552 552 C PROV2215

INDICATES HOW LONG TERM CARE (SWING-BEDS) SERVICES ARE

PROVIDED IN A HOSPITAL COBOL NAME: SP-LTC-UNIT

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: MAGNETIC RESONANCE IMAGING 1 553 553 C PROV6210

INDICATES HOW MAGNETIC RESONANCE IMAGING (MRI)

SERVICES ARE PROVIDED IN A HOSPITAL.

COBOL NAME: SP-MRI

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: NEONATAL NURSERY 1 554 554 C PROV2235

INDICATES HOW NEONATAL NURSERY SERVICES ARE PROVIDED

BY A HOSPITAL.

COBOL NAME: SP-NEONATAL-NURS

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: NEUROSURGICAL SERVICES 1 555 555 C PROV6215

INDICATES HOW NEUROSURGICAL SERVICES ARE PROVIDED

IN A HOSPITAL.

COBOL NAME: SP-NEURO-SURG

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: NUCLEAR MEDICINE 1 556 556 C PROV2245

INDICATES HOW NUCLEAR MEDICINE SERVICES ARE PROVIDED

BY A HOSPITAL.

COBOL NAME: SP-NUCLEAR-MED

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 23

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: OBSTETRICS 1 557 557 C PROV2265

INDICATES HOW OBSTETRIC SERVICES ARE PROVIDED BY A

HOSPITAL.

COBOL NAME: SP-OBSTETRICS

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: OCCUPATIONAL THERAPY 1 558 558 C PROV2270

INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE

PROVIDED.

COBOL NAME: SP-OCCUP-THERAPY

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

SRV: OPERATING ROOMS 1 559 559 C PROV2300

INDICATES HOW OPERATING ROOM SERVICES ARE PROVIDED BY A

HOSPITAL.

COBOL NAME: SP-OR-ROOMS

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: OPTHALMIC SURGERY 1 560 560 C PROV6220

INDICATES HOW OPTHALMIC SURGERY SERVICES ARE PROVIDED

BY A HOSPITAL.

COBOL NAME: SP-OPTHALMIC-SURG

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: OPTOMETRIC 1 561 561 C PROV2295

INDICATES HOW OPTOMETRIC SERVICES ARE PROVIDED BY A

HOSPITAL.

COBOL NAME: SP-OPTOMETRIC

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 24

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: ORGAN BANK 1 562 562 C PROV2310

INDICATES HOW ORGAN BANK SERVICES ARE PROVIDED BY A

HOSPITAL.

COBOL NAME: SP-ORGAN-BANK

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: ORGAN TRANSPLANT 1 563 563 C PROV2315

INDICATES HOW ORGAN TRANSPLANT SERVICES ARE PROVIDED BY

A HOSPITAL.

COBOL NAME: SP-ORGAN-TRANS

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: ORTHOPEDIC SURGERY 1 564 564 C PROV6225

INDICATES HOW ORTHOPEDIC SURGERY SERVICES ARE PROVIDED

BY A HOSPITAL.

COBOL NAME: SP-ORTHOPEDIC-SURG

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: OUTPATIENT 1 565 565 C PROV2350

INDICATES HOW OUTPATIENT SERVICES ARE PROVIDED BY A

HOSPITAL.

COBOL NAME: SP-OUTPAT

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: OUTPATIENT SURGERY UNIT 1 566 566 C PROV2355

INDICATES HOW OUTPATIENT SURGERY UNIT SERVICES ARE

PROVIDED BY A HOSPITAL.

COBOL NAME: SP-OUTPAT-SURG

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 25

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: PEDIATRIC 1 567 567 C PROV2360

INDICATES HOW PEDIATRIC SERVICES ARE PROVIDED BY A

HOSPITAL.

COBOL NAME: SP-PEDIATRIC

NOT PROVIDED VALUES: 0 1 PROVIDED BY STAFF PROVIDED BY ARRANGEMENT OR AGREEMENT PROVIDED BY STAFF AND THROUGH AGREEMENT SRV: PET SCAN SERVICES 568 568 C PROV6230 INDICATES HOW POSITRON EMISSION TOMOGRAPHY (PET) SCAN SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-POS-EMIS-TOM-SCAN VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF PROVIDED BY ARRANGEMENT OR AGREEMENT PROVIDED BY STAFF AND THROUGH AGREEMENT SRV: PHARMACY 1 569 569 C PROV2365 INDICATES HOW PHARMACY SERVICES ARE PROVIDED. COBOL NAME: SP-PHARMACY VALUES: NOT PROVIDED Ω PROVIDED BY STAFF 1 PROVIDED UNDER ARRANGEMENT PROVIDED BY STAFF AND THROUGH AGREEMENT 570 570 C PROV2370 SRV: PHYSICAL THERAPY 1 INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED. COBOL NAME: SP-PHYSICAL-THERAPY VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF 2 PROVIDED UNDER ARRANGEMENT COMBINATION SRV: POSTOPERATIVE RECOVERY ROOM 1 571 571 C PROV2410 INDICATES HOW POSTOPERATIVE RECOVERY ROOM SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-POSTOP-REC-RM VALUES: 0 NOT PROVIDED PROVIDED BY STAFF 1 PROVIDED BY ARRANGEMENT OR AGREEMENT 2 PROVIDED BY STAFF AND THROUGH AGREEMENT 572 572 C PROV2415 SRV: PSYCHIATRIC 1 INDICATES HOW PSYCHIATRIC SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-PSYCHIATRIC VALUES: 0 NOT PROVIDED \* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 26 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 1 PROVIDED BY STAFF PROVIDED BY ARRANGEMENT OR AGREEMENT

SRV: PSYCHIATRIC - FORENSIC 1 573 573 C PROV6245

PROVIDED BY STAFF AND THROUGH AGREEMENT

INDICATES HOW FORENSIC PSYCHIATRIC SERVICES ARE

PROVIDED BY A HOSPITAL.

COBOL NAME: SP-PSY-FORENSIC

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: PSYCHIATRIC - GERIATRIC 1 574 574 C PROV6250

INDICATES HOW GERIATRIC PSYCHIATRIC SERVICES ARE

PROVIDED BY A HOSPITAL.

COBOL NAME: SP-PSY-GERIATRIC

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: PSYCHIATRIC - OUTPATIENT 1 575 575 C PROV6255

INDICATES HOW OUTPPATIENT PSYCHIATRIC SERVICES ARE

PROVIDED BY A HOSPITAL.

COBOL NAME: SP-PSY-OUTPAT

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: PSYCHIATRIC CHILD/ADOLESCENT 1 576 576 C PROV6240

INDICATES HOW CHILD/ADOLESCENT PSYCHIATRIC SERVICES ARE

PROVIDED BY A HOSPITAL.

COBOL NAME: SP-PSY-CHILD-ADOL

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: PSYCHIATRIC-EMERGENCY 1 577 C PROV6235

INDICATES HOW EMERGENCY PSYCHIATRIC SERVICES ARE

PROVIDED BY A HOSPITAL.

COBOL NAME: SP-PSY-EMERG

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 27

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: RADIOLOGY (DIAGNOSTIC) 1 578 578 C PROV2440

INDICATES HOW DIAGNOSTIC RADIOLOGY SERVICES ARE

PROVIDED BY A HOSPITAL.

COBOL NAME: SP-RADIOLOGY-DIAG

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT

3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: RADIOLOGY (THERAPEUTIC) 1 579 579 C PROV2445

INDICATES HOW THERAPEUTIC RADIOLOGY SERVICES ARE

PROVIDED BY A HOSPITAL.

COBOL NAME: SP-RADIOLOGY-THERAPY

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: RECONSTRUCTIVE SURGERY 1 580 580 C PROV6260

INDICATES HOW RECONSTRUCTIVE SURGERY SERVICES ARE

PROVIDED BY A HOSPITAL.

COBOL NAME: SP-RECON-SURG

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: REHAB - INPATIENT (CARF) 1 581 581 C PROV6270

INDICATES HOW INPATIENT REHABILITATION (CARF ACCREDITED) SERVICES ARE PROVIDED BY A HOSPITAL.

COBOL NAME: SP-REHABIL-CARF

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: REHAB - OUTPATIENT 1 582 582 C PROV6265

INDICATES HOW OUTPATIENT REHABILITATION SERVICES ARE

PROVIDED BY A HOSPITAL.

COBOL NAME: SP-REHABIL-OUTPAT

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 28

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: REHAB INPATIENT (NOT CARF) 1 583 583 C PROV2450

INDICATES HOW INPATIENT REHABILITIATION (NOT CARF ACCREDITED) SERVICES ARE PROVIDED BY A HOSPITAL.

COBOL NAME: SP-REHABIL

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT

7

SRV: SHOCK WAVE LITHOTRIPTER 1 584 584 C PROV6185

INDICATES HOW EXTRACORPOREAL SHOCK WAVE LITHOTRIPTER

SERVICES ARE PROVIDED IN A HOSPITAL. COBOL NAME: SP-EXTRAC-SHOCK-WAVE

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: SOCIAL 1 585 585 C PROV2485

INDICATES HOW SOCIAL SERVICES ARE PROVIDED.

COBOL NAME: SP-SOCIAL

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT OR AGREEMENT 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: SPEECH PATHOLOGY 1 586 586 C PROV2505

INDICATES HOW SPEECH PATHOLOGY SERVICES ARE PROVIDED.

COBOL NAME: SP-SPEECH-PATH

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT OR AGREEMENT

3 COMBINATION

SRV: SURGICAL SERVICES-INPATIENT 1 587 587 C PROV2190

INDICATES HOW INPATIENT SURGICAL SERVICES ARE PROVIDED

BY A HOSPITAL.

COBOL NAME: SP-INPAT-SURG

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT
3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: TRANSPLANT CENTER, MEDICARE 1 588 588 C PROV6275

INDICATES HOW MEDICARE CERTIFIED TRANSPLANT CENTER

SERVICES ARE PROVIDED BY A HOSPITAL.

COBOL NAME: SP-TRANS-MEDICARE

VALUES: 0 NOT PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 29

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: TRAUMA CENTER (CERTIFIED) 1 589 589 C PROV2475

INDICATES HOW CERTIFIED TRAUMA CENTER SERVICES ARE

PROVIDED BY A HOSPITAL.

COBOL NAME: SP-SHOCK-TRAUMA

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

PROVIDED BY ARRANGEMENT OR AGREEMENT
PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: URGENT CARE CENTER SERVICES 1 590 590 C PROV6280

INDICATES HOW URGENT CARE CENTER SERVICES ARE

PROVIDED BY A HOSPITAL.

COBOL NAME: SP-URGENT-CARE

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SWING BED INDICATOR 1 591 591 C PROV2795

INDICATES IF A HOSPITAL PROVIDES SWING BED SERVICES - BEDS CAN BE USED FOR EITHER HOSPITAL OR LONG TERM CARE

SERVICES.

COBOL NAME: SWINGBED-IND

VALUES: N NO YES

SWING BED SIZE CODE 1 592 592 C PROV2800

INDICATES THE SIZE OF A HOSPITAL PROVIDING SWING BED

SERVICES.

COBOL NAME: SWINGBED-SIZE-CD

VALUES: 1 49 OR FEWER BEDS

2 50 TO 99 BEDS

TYPE OF FACILITY 2 593 594 C PROV2890

INDICATES THE CATEGORY WHICH REPRESENTS THE TYPE OF

FACILITY.

COBOL NAME: TYPE-FACILITY

VALUES: 01 SHORT - TERM 02 LONG - TERM

03 RELIGIOUS NONMEDICAL HEALTH CARE INSTITUTION

04 PSYCHIATRIC 05 REHABILITATION

06 CHILDRENS

07 DISTINCT PART PSYCH HOSPITAL

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 30

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

11 CRITICAL ACCESS HOSPITALS

TYPE OF NON-PARTICIPATING PROVIDER 1 595 595 C PROV0690

INDICATES WHETHER A NON-PARTICIPATING HOSPITAL IS

FEDERAL OR OTHER THAN FEDERAL.

COBOL NAME: NON-PARTICIPATING-TYPE

VALUES: E EMERGENCY HOSPITAL NON-FEDERAL

F EMERGENCY HOSPITAL FEDERAL

SPEECH PATHOLOGISTS, AUDIOLOGISTS 7.2 1454 1460 N PROV1220

THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS

OR AUDIOLOGISTS EMPLOYED BY A PROVIDER.

COBOL NAME: NUM-SPEECH-PATH-AUDIO

NURSE PRACTITIONERS 7.2 1624 1630 N PROV1015

NUMBER OF FULL-TIME EQUIVALENT NURSE PRACTITIONERS.

COBOL NAME: NUM-NURSE-PRACT

PHYSICIANS 7.2 1641 1647 N PROV1110

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIANS EMPLOYED

BY A PROVIDER.

COBOL NAME: NUM-PHYS

SRV: RESPIRATORY CARE 1 1690 1690 C PROV2455

INDICATES HOW RESPIRATORY CARE SERVICES ARE PROVIDED.

COBOL NAME: SP-RESP-CARE

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED BY ARRANGEMENT OR AGREEMENT 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

MEDICAL SOCIAL WORKERS 7.2 1767 1773 N PROV0975

NUMBER OF FULL-TIME EQUIVALENT MEDICAL SOCIAL WORKERS

EMPLOYED BY A HOSPITAL OR HOSPICE.

COBOL NAME: NUM-MED-SOCIAL-WRKS

FAX PHONE NUMBER 10 2025 2034 C PROV5800

THE 10 DIGIT FAX PHONE NUMBER OF THE PRIMARY CONTACT OR

THE OPERATOR OF THE LABORATORY OR HOSPITAL

COBOL NAME: FAX-NUM

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 1

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CATEGORY - SUBTYPE OF PROVIDER 2 1 2 C PROVO085

A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED

NURSING FACILITIES AND HOSPITALS.

COBOL NAME: CATEGORY-SUBTYPE-IND

VALUES: 03 TITLE 18/19

CATEGORY OF PROVIDER/SUPPLIER 2 3 4 C PROV0075

IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE

PROVIDER OR SUPPLIER.

COBOL NAME: CATEGORY

VALUES: 02 SNF/NF (DUALLY CERTIFIED)

5 6 N PROV0095 CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT CHANGE OF OWNERSHIP DATE 7 14 C PROV0100 EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT CITY 15 42 C PROV3225 CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY COMPLIANCE: PLAN OF CORRECTION 43 43 C PROV0220 INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC COMPLIANCE: STATUS 44 44 C PROV2715 INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE В NOT IN COMPLIANCE COUNTY CODE 3 45 47 C PROV2695 SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY 48 57 C CROSS REFERENCE PROVIDER NUMBER PROV0300 NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER. COBOL NAME: CROSS-REF-PROV-NUM CURRENT FMS SURVEY DATE 8 58 65 C PROV0500 CURRENT FMS SURVEY DATE

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CURRENT SURVEY DATE 8 66 73 C PROV2740

THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR

THE PROVIDER.

COBOL NAME: SURVEY-DT-1

COBOL NAME: FMS-SURVEY-DT-1

ELIGIBILITY CODE 1 74 74 C PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE
2 NOT ELIGIBLE TO PARTICIPATE

50 75 124 C PROV0475 FACILITY NAME

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO

PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

5 125 129 C PROV0605 INTERMEDIARY NUMBER

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER

SERVICING A PROVIDER OR SUPPLIER. COBOL NAME: INTER-CARRIER-NUM

CDOL NAM	J. TIVIDIC CHICKEDIC IVON	
/ALUES:	00010	BLUE CROSS (ALABAMA)
	00011	САНАВА
	00020	BLUE CROSS (ARKANSAS)
	00030	BLUE CROSS (ARIZONA)
	00040	BLUE CROSS (CALIFORNIA)
	00060	BLUE CROSS (CONNECTICUT)
	00070	BLUE CROSS (DELAWARE)
	00090	BLUE CROSS (FLORIDA)
	00101	BLUE CROSS (GEORGIA)
	00121	HEALTH CARE SERVICE CORPORATION
	00122	HCSC - MICHIGAN
	00123	HCSC OF MICHIGAN
	00130	BLUE CROSS (INDIANA)
	00131	ADMINISTAR FEDERAL (CHICAGO)
	00140	BLUE CROSS (IOWA/SOUTH DAKOTA)
	00150	BLUE CROSS (KANSAS)
	00160	BLUE CROSS (KENTUCKY)
	00180	BLUE CROSS (MAINE)
	00190	BLUE CROSS (MARYLAND)
	00200	BLUE CROSS (MASSACHUSETTS)
	00210	BLUE CROSS (MICHIGAN)
	00220	BLUE CROSS (MINNESOTA)
	00230	BLUE CROSS (MISSISSIPPI)
	00231	BLUE CROSS (LOUISIANA)
	00241	BLUE CROSS (MISSOURI)
	00250	BLUE CROSS (MONTANA)
	00260	BLUE CROSS (NEBRASKA)
	00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 3

SNF/NF (DUALLY CERTIFIED)	, CATEGORY = "02" (SEE POSITIONS 3-4)
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
00280	BLUE CROSS (NEW JERSEY)
00290	BLUE CROSS (NEW MEXICO)
00308	BLUE CROSS (EMPIRE)
00310	BLUE CROSS (NORTH CAROLINA)
00320	BLUE CROSS (NORTH DAKOTA)
00332	COMMUNITY MUTUAL INSURANCE CO
00340	BLUE CROSS (OKLAHOMA)
00350	BLUE CROSS (OREGON)
00351	BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362	BLUE CROSS (INDEPENDENCE)
00363	BLUE CROSS (WESTERN PENNSYLVANIA)
00366	HIGHMARK MEDICARE SERVICES

00380	BLUE CROSS (SOUTH CAROLINA)
00390	BLUE CROSS (TENNESSEE)
00400	BLUE CROSS (TEXAS)
00410	BLUE CROSS (UTAH)
00423	BLUE CROSS (VIRGINIA/WEST VA)
00430	BLUE CROSS (WASHINGTON & ALASKA)
00450	BLUE CROSS (WISCONSIN)
00452	UNITED GOVT SERVICES
00454	USG CALIFORNIA
00460	BLUE CROSS (WYOMING)
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00511	САНАВА
00883	PALMETTO
00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN
01390	AETNA (WASHINGTON)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERITAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

BLUE CROSS (RHODE ISLAND)

00370

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 4 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 15 130 144 C PROV0655 MEDICARE OR MEDICAID VENDOR NUMBER A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM 8 145 152 C PROV1565 PARTICIPATION DATE THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT PRIOR CHANGE OF OWNERSHIP 8 153 160 C PROV1615 THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT 5 161 165 C PROV1620 PRIOR INTERMEDIARY NUMBER

A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM

10 166 175 C PROV1680 PROVIDER NUMBER

A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.

COBOL NAME: PROV-NUM

RECORD TYPE 176 176 C PROV1720 1

THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.

COBOL NAME: RECORD-TYPE

VALUES: ACCEPTED Α Ρ PENDING WORK

2 177 178 C PROV1725 REGION CODE

THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE

STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES: 01 BOSTON II NEW YORK 02 III PHILADELPHIA 03 04 IV ATLANTA 05 V CHICAGO 06 VI DALLAS 07 VII KANSAS CITY 08 VIII DENVER IX SAN FRANCISCO 09 10 X SEATTLE

SKELETON RECORD INDICATOR 1 179 179 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES:

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 5

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

YES

STATE ABBREVIATION 2 180 181 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES: AΚ ALASKA ALALABAMA AR ARKANSAS

> AS AMERICAN SAMOA

ΑZ ARIZONA CA CALIFORNIA CN CANADA CO COLORADO CONNECTICUT CT

DC DE FL	DISTRICT OF COLUMBIA DELAWARE FLORIDA
GA	GEORGIA
GU	GUAM
HI	IIAWAH
IA	AWOI
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 6

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

## SHORT DESCRIPTION LEN START END TYPE SAS NAME

PENNSYLVANIA
PUERTO RICO
RHODE ISLAND
SOUTH CAROLINA
SOUTH DAKOTA
TENNESSEE
TEXAS
UTAH
VIRGINIA
VIRGIN ISLANDS
VERMONT
WASHINGTON
WISCONSIN
WEST VIRGINIA
WYOMING

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STATE CODE (SSA) 2 182 183 C PROV2700
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TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS

LOCATED.

COBOL NAME: SSA-STATE

CODOL WI	THE DOM DIMIL	
VALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA
	04	ARKANSAS
	05	CALIFORNIA
	06	COLORADO
	07	CONNECTICUT
	08	DELAWARE
	09	DISTRICT OF COLUMBIA
	10	FLORIDA
	11	GEORGIA
	12	HAWAII
	13	IDAHO
	14	ILLINOIS
	15	INDIANA
	16	AWOI
	17	KANSAS
	18	KENTUCKY
	19	LOUISIANA
	20	MAINE
	21	MARYLAND
	22	MASSACHUSETTS
	23	MICHIGAN
	24	MINNESOTA
	25	MISSISSIPPI
	26	MISSOURI
	27	MONTANA
	28	NEBRASKA

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 7

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

		DIIIII	1111	
29	NEVADA			
30	NEW HAMPSHIRE			
31	NEW JERSEY			
32	NEW MEXICO			
33	NEW YORK			
34	NORTH CAROLINA			
35	NORTH DAKOTA			
36	OHIO			
37	OKLAHOMA			
38	OREGON			
39	PENNSYLVANIA			
40	PUERTO RICO			
41	RHODE ISLAND			
42	SOUTH CAROLINA			
43	SOUTH DAKOTA			
44	TENNESSEE			

45 46 47 48 49 50 51 52 53 56 59 64 65 66	TEXAS UTAH VERMONT VIRGIN ISLANDS VIRGINIA WASHINGTON WEST VIRGINIA WISCONSIN WYOMING CANADA MEXICO AMERICAN SAMOA GUAM SAIPAN				
STATE REGION CODE  FOR SELECTED STATES, IDENTIFI  WITHIN THE STATE WHERE THE FA  COBOL NAME: STATE-REGION-CD		AR REGIO		С	PROV2710
STREET ADDRESS  STREET ADDRESS OF A PROVIDER OF PROVIDE MEDICARE AND/OR MEDICARE COBOL NAME: STREET-ADDRESS	THAT IS CERTIFI	_	236	С	PROV2720
TELEPHONE NUMBER  THE 10 DIGIT TELEPHONE NUMBER  THE OPERATOR OF A PROVIDER.  COBOL NAME: PHONE-NUM		_		С	PROV1605
TERMINATION CODE # 1  TERMINATION CODE #1, THE REAS  TERMINATED FROM THE CLIA, MED  PROGRAMS.  COBOL NAME: TERM-CD-1  VALUES:		AS BEEN	248	С	PROV4770
* INDICATES THIS FIELD HAS BEEN A 1DATE: 04/03/2006 POS SNF/NF (DUALLY CERTIFIED)	RECORD LAYOUT		·		PAGE: 8
SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00 01 02 03 04 05 06	ACTIVE VOL-MERG, CLOSE VOL-REIMBURSE VOL-RISK INVOL VOL-OTHER INVOL-FAIL REQ INVOL-AGREEMNT OTH-STATUS CHG				
TERMINATION DATE/EXPIRATION DAT THE DATE THE LABORATORY'S CER THE EXPIRATION DATE OF THE CU FOR OTHER NON-CLIA PROVIDERS, FACILITY WAS TERMINATED. COBOL NAME: EXP-DT-1	TIFICATE TERMIN RRENT CLIA CERT	ATED OR IFICATE.	256	С	PROV4500
TYPE OF ACTION  IDENTIFIES THE PURPOSE FOR WH	1 ICH THE CERTIFI			С	PROV2880

TRANSMITTAL FORM WAS PREPARED.

COBOL NAME: TYPE-ACTION

VALUES: 1 INITIAL

2 RECERTIFICATION
3 TERMINATION

4 CHANGE OF OWNERSHIP

TYPE OF CONTROL 2 258 259 C PROV2885

INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES

A PROVIDER OF SERVICES.
COBOL NAME: TYPE-CONTROL

VALUES: 01 FOR PROFIT - INDIVIDUAL
02 FOR PROFIT - PARTNERSHIP
03 FOR PROFIT - CORPORATION
04 NONPROFIT - CHURCH RELATED
05 NONPROFIT - CORPORATION
06 NONPROFIT - OTHER

06 NONPROFIT CORPORAT
07 GOVERNMENT - STATE
08 GOVERNMENT - COUNTY
09 GOVERNMENT - CITY

10 GOVERNMENT - CITY/COUNTY

11 GOVERNMENT - HOSPITAL DISTRICT

12 GOVERNMENT - FEDERAL

ZIP CODE 5 260 264 C PROV2905

THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.

COBOL NAME: ZIP-CD

FIPS STATE CODE 2 265 266 C FIPSTATE

FIPS STATE CODE

COBOL NAME: WS-FIPS-STATE

FIPS COUNTY CODE 3 267 269 C FIPCNTY

FIPS COUNTY CODE

COBOL NAME: WS-FIPS-CNTY

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 9

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SSA MSA CODE 3 270 272 C SSAMSACD

SSA MSA CODE

COBOL NAME: WS-SSA-MSA-CD

SSA MSA SIZE CODE 1 273 273 C SSAMSASZ

SSA MSA SIZE CODE

COBOL NAME: WS-SSA-MSA-SIZE-CD

BEDS - TOTAL 4 291 294 N PROV0740

TOTAL NUMBER OF BEDS IN A FACILITY, INCLUDING THOSE

IN NON-PARTICIPATING OR NON-LICENSED AREAS.

COBOL NAME: NUM-BEDS

BEDS - TOTAL CERTIFIED 4 295 298 N PROV0755

NUMBER OF BEDS IN MEDICARE AND/OR MEDICAID CERTIFIED

AREAS WITHIN A FACILITY.

COBOL NAME: NUM-CERT-BEDS

COMPLIANCE: LIFE SAFETY CODE 1 356 356 C PROV0240

INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN

RECOMMENDED FOR A PROVIDER.

COBOL NAME: COMPL-LSC

VALUES: 1 WAIVER RECOMMENDED

COMPLIANCE: 24 HR REGISTERED NURSE 1 359 359 C PROV0290

INDICATES IF A WAIVER OF THE 24 HOUR REGISTERED NURSE

REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY.

COBOL NAME: COMPL-24-HR-RN

VALUES: 1 WAIVER RECOMMENDED

FISCAL YEAR ENDING DATE 4 378 381 C PROV0485

THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL

YEAR.

COBOL NAME: FISC-YR-END-DT

PROGRAM PARTICIPATION 1 434 434 C PROV1670

INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE,

MEDICAID, OR BOTH PROGRAMS.

COBOL NAME: PROG-PARTCI

VALUES: 1 MEDICARE ONLY 2 MEDICAID ONLY

3 MEDICARE AND MEDICAID

REGIONAL OVERRIDE #1 (NUMBER BEDS) 1 470 470 C PROV1545

THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE ODIE DATA ENTRY SYSTEM.

COBOL NAME: OVERRIDE-1

VALUES: Y RECORD HAS BEEN APPROVED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 10

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

REGIONAL OVERRIDE #2 (STAFFING) 1 471 C PROV1550

THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE

ODIE DATA ENTRY SYSTEM.

COBOL NAME: OVERRIDE-2

VALUES: Y RECORD HAS BEEN APPROVED

ACTIVITY PROFESSIONAL - CONTRACT 7.2 596 602 N PROV0695

THE NUMBER OF FULL TIME EQUIVALENT ACTIVITIES PROFESSIONALS UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-ACT-THER-CONTRACT

ACTIVITY PROFESSIONAL - FULL TIME 7.2 603 609 N PROV0700

THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES PROFESSIONALS EMPLOYED FULL TIME BY A FACILITY.

COBOL NAME: NUM-ACT-THER-FULL-TIME

ACTIVITY PROFESSIONAL - PART TIME 7.2 610 616 N PROVO705

THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES PROFESSIONALS EMPLOYED PART TIME BY A FACILITY.

COBOL NAME: NUM-ACT-THER-PART-TIME 7.2 617 623 N PROV0710 ADMINISTRATION - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-ADMN-CONTRACT ADMINISTRATOR - FULL TIME 7.2 624 630 N PROV0715 THE NUMBER OF FULL-TIME EOUIVALENT ADMINISTRATIVE STAFF EMPLOYED ON A FULL TIME BASIS BY A FACILITY. COBOL NAME: NUM-ADMN-FULL-TIME ADMINISTRATOR - PART TIME 7.2 631 637 N PROV0720 THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF EMPLOYED ON A PART-TIME BASIS BY A FACILITY. COBOL NAME: NUM-ADMN-PART-TIME BEDS - MEDICARE SNF 4 638 641 N PROV1445 NUMBER OF MEDICARE CERTIFIED SNF BEDS IN A FACILITY. COBOL NAME: NUM-T18-SNF-BEDS BEDS - NURSING FACILITY 4 642 645 N PROV1455 NUMBER OF MEDICAID CERTIFIED SKILLED NURSING CARE BEDS IN A FACILITY. COBOL NAME: NUM-T19-SNF-BEDS 646 649 N PROV1450 BEDS - SNF/NF NUMBER OF BEDS CERTIFIED FOR BOTH MEDICARE AND MEDICAID SKILLED NURSING CARE IN A LONG TERM CARE FACILITY. COBOL NAME: NUM-T1819-SNF-BEDS 7.2 650 656 N PROV1000 CERT NURSE AIDES - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-NURSE-AID-CONTRACT \* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 11 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 7.2 657 663 N PROV1005 CERT NURSE AIDES - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-NURSE-AID-FULL-TIME 7.2 664 670 N PROV1010 CERT NURSE AIDES - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-NURSE-AID-PART-TIME

1 672 672 C PROV0225 COMPLIANCE: BEDS PER ROOM WAIVER INDICATES IF A WAIVER OF THE BEDS PER ROOM REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY. COBOL NAME: COMPL-BEDS-PER-ROOM

CHRISTIAN SCIENCE

1

671 671 C PROV0110

VALUES: 1 WAIVER RECOMMENDED

INDICATES IF A PROVIDER IS A CHRISTIAN SCIENCE FACILITY

CHRISTIAN SCIENCE INDICATOR

VALUES: Y

COBOL NAME: CHRISTIAN-SCIENCE-IND

COMPLIANCE: PATIENT ROOM SIZE 1 673 673 C PROV0270

INDICATES IF A WAIVER OF PATIENT ROOM SIZE HAS BEEN

RECOMMENDED FOR A FACILITY.

COBOL NAME: COMPL-PATIENT-ROOM-SZ

VALUES: 1 WAIVER RECOMMENDED

COMPLIANCE: 7 DAY REGISTERED NURSE 1 674 674 C PROV0295

INDICATES IF A WAIVER OF THE 7 DAY REGISTERED NURSE REOUIREMENTS HAS BEEN RECOMMENDED FOR A SNF OR NF.

COBOL NAME: COMPL-7-DAY-RN

VALUES: 1 WAIVER RECOMMENDED

DENTISTS - CONTRACT 7.2 675 681 N PROV0785

THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS UNDER

CONTRACT TO A FACILITY.

COBOL NAME: NUM-DENTIST-CONTRACT

DENTISTS - FULL TIME 7.2 682 688 N PROV0790

THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED

BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-DENTIST-FULL-TIME

DENTISTS - PART TIME 7.2 689 695 N PROV0795

THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED

BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-DENTIST-PART-TIME

DIETITIANS - CONTRACT 7.2 696 702 N PROV0805

THE NUMBER OF FULL-TIME EQUIVALENT UNDER CONTRACT TO

A FACILITY.

COBOL NAME: NUM-DIET-CONTRACT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 12

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

DIETITIANS - FULL TIME 7.2 703 709 N PROV0810

THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS

EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-DIET-FULL-TIME

DIETITIANS - PART TIME 7.2 710 716 N PROV0815

THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS EMPLOYED

BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-DIET-PART-TIME

EXPERIMENTAL RESEARCH CONDUCTED 1 717 717 C PROV0465

INDICATES IF A FACILITY USES RESIDENTS TO DEVELOP AND

TEST CLINICAL TREATMENTS.

COBOL NAME: EXPER-RESEARCH

VALUES: Y YES

FOOD SERVICE - CONTRACT 7.2 718 724 N PROV0860

THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE

PERSONNEL UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-FOOD-SRV-CONTRACT

FOOD SERVICE - FULL TIME 7.2 725 731 N PROV0865

THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE

PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-FOOD-SRV-FULL-TIME 7.2 732 738 N PROV0870 FOOD SERVICE - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-FOOD-SRV-PART-TIME HOUSEKEEPING - CONTRACT 7.2 739 745 N PROV0925 THE NUMBER OF FULL-TIME EOUIVALENT HOUSEKEEPING PERSONNEL UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-HOUSE-CONTRACT HOUSEKEEPING - FULL TIME 7.2 746 752 N PROV0930 THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-HOUSE-FULL-TIME HOUSEKEEPING - PART TIME 7.2 753 759 N PROV0935 THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-HOUSE-PART-TIME LPN/LVN - CONTRACT 7.2 760 766 N PROV1465 THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-VOC-NURSE-CONTRACT 7.2 767 773 N PROV1470 LPN/LVN - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A FULL TIME BASTS. COBOL NAME: NUM-VOC-NURSE-FULL-TIME

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 POS RECORD LAYOUT 1DATE: 04/03/2006 PAGE: 13 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 774 780 N PROV1475 LPN/LVN - PART TIME 7.2 THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-VOC-NURSE-PART-TIME 781 786 C PROV0640 LTC CROSS REFERENCE PROVIDER # THIS CROSS REFERENCE NUMBER IDENTIFIES LTC PROVIDER NUMBERS THAT WERE TERMINATED IN 1985 BECAUSE OF POLICY CHANGES WHICH STATES THAT SNF/ICF DISTINCT PARTS OR DUA LLY CERTIFIED PORTIONS ARE ASSIGNED SINGLE SNF PROV NO. COBOL NAME: LTC-CROSS-REF-PROV-NUM MEDICAL DIRECTOR - CONTRACT 7.2 787 793 N PROV0960 THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS UNDER CONTRCAT TO A FACILITY. COBOL NAME: NUM-MED-CONTRACT 7.2 794 800 N PROV0965 MEDICAL DIRECTOR - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-MED-FULL-TIME MEDICAL DIRECTOR - PART TIME 801 807 N PROV0970

THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS

EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-MED-PART-TIME

MEDICATION AIDES/TECHS-CONTRACT 7.2 808 814 N PROV5180

THE NUMBER OF FULL-TIMR EQUIVALENT MEDICATION AIDES/

TECHNICIANS UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-MED-AID-CONTRACT

MEDICATION AIDES/TECHS-FULL TIME 7.2 815 821 N PROV5170

THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/ TECHNICIANS EMPLOYED BY A FACILITY ON A FULL TIME

COBOL NAME: NUM-MED-AID-FULL-TIME

BASTS.

MEDICATION AIDES/TECHS-PART TIME 7.2 822 828 N PROV5175

THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/ TECHNICIANS EMPLOYED BYA FACILITY ON A PART TIME

COBOL NAME: NUM-MED-AID-PART-TIME

MENTAL HEALTH SERVICES - CONTRACT 7.2 829 835 N PROV0980

THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-MEN-HLTH-CONTRACT

MENTAL HEALTH SERVICES - FULL TIME 7.2 836 842 N PROV0985

THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-MEN-HLTH-FULL-TIME

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 14

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

MENTAL HEALTH SERVICES - PART TIME 7.2 843 849 N PROV0990 THE NUMBER OF FULL TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-MEN-HLTH-PART-TIME

MULTI-FACILITY ORGANIZATION NAME 38 850 887 C PROV0680

THE NAME OF THE MULTI-FACILITY ORGANIZATION THAT OWNS THE FACILITY.

COBOL NAME: NAME-MULT-FACL-ORG

MULTI-FACILITY ORGANIZATION OWNED 1 888 888 C PROV0675

INDICATES IF A FACILITY IS OWNED BY AN ORGANIZATION

THAT OWNS (OR LEASES) TWO OR MORE NURSING FACILITIES.

COBOL NAME: MULT-FACL-ORG

VALUES: Y YES

NURSE AIDES IN TRNG - CONTRACT 7.2 889 895 N PROV5165

NUMBER OF FULL TIME EQUIVALENT NURSE AIDES IN TRAINING UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-AID-TRNG-CONTRACT

NURSE AIDES IN TRNG-FULL TIME 7.2 896 902 N PROV5155

THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN

TRAINING EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-AID-TRNG-FULL-TIME

NURSE AIDES IN TRNG-PART TIME 7.2 903 909 N PROV5160 THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN TRAINING EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-AID-TRNG-PART-TIME NURSES WITH ADMIN DUTIES-CONTRACT 7.2 910 916 N PROV5150 THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-NURSE-ADM-CONTRACT NURSES WITH ADMIN DUTIES-FULL TIME 917 923 N PROV5135 THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-NURSE-ADM-FULL-TIME NURSES WITH ADMIN DUTIES-PART TIME 7.2 924 930 N PROV5145 NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-NURSE-ADM-PART-TIME OCCUP THERAPY AIDE - CONTRACT 7.2 931 937 N PROV1020 THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-OCC-AID-CONTRACT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 15 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME OCCUP THERAPY AIDE - FULL TIME 7.2 938 944 N PROV1025 THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-OCC-AID-FULL-TIME OCCUP THERAPY AIDE - PART TIME 7.2 945 951 N PROV1030 THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-OCC-AID-PART-TIME OCCUP THERAPY ASST - CONTRACT 7.2 952 958 N PROV5195 THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS UNDER CONTRCAT TO A FACILITY. COBOL NAME: NUM-OCC-ASST-CONTRACT 7.2 959 OCCUP THERAPY ASST - FULL TIME 965 N PR0V5185 THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-OCC-ASST-FULL-TIME 972 N OCCUP THERAPY ASST - PART TIME 7.2 966 PROV5190 THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-OCC-ASST-PART-TIME 7.2 973 979 N PROV1035 OCCUPATIONAL THERAPIST - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-OCC-THER-CONTRACT

OCCUPATIONAL THERAPIST - FULL TIME 7.2 980 986 N PROV1040 THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-OCC-THER-FULL-TIME OCCUPATIONAL THERAPIST - PART TIME 7.2 987 993 N PROV1045 THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-OCC-THER-PART-TIME ORGANIZED FAMILY GROUP 994 994 C PROV1535 INDICATES IF THE FACILITY HAS AN ORGANIZED GROUP OF FAMILY MEMBERS OF RESIDENTS. COBOL NAME: ORG-FAMILY-GRP VALUES: Y YES ORGANIZED RESIDENT GROUP 1 995 995 C PROV1540 INDICATES IF THE FACILITY HAS AN ORGANIZED RESIDENTS GROUP. COBOL NAME: ORG-RESID-GRP VALUES: Y YES 7.2 996 1002 N PROV3265 OTHER - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES UNDER CONTRACT TO THE FACILITY. COBOL NAME: NUM-OTH-CONTRACT \* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 16 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 7.2 1003 1009 N PROV3245 OTHER - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS. COBOL NAME: NUM-OTH-FULL-TIME OTHER - PART TIME 7.2 1010 1016 N PROV3255 THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A PART-TIME BASIS. COBOL NAME: NUM-OTH-PART-TIME OTHER ACTIVITIES STAFF-CONTRACT 7.2 1017 1023 N PROV5270 NUMBER OF CONTRACT STAFF HOURS FOR OTHER ACTIVITIES. COBOL NAME: NUM-OTH-ACT-CONTRACT OTHER ACTIVITIES STAFF-FULL TIME 7.2 1024 1030 N PROV5260 NUMBER OF FULL-TIME STAFF HOURS FOR OTHER ACTIVITIES. COBOL NAME: NUM-OTH-ACT-FULL-TIME OTHER ACTIVITIES STAFF-PART TIME 7.2 1031 1037 N PROV5305 NUMBER OF PART TIME STAFF HOURS PROVIDED BY OTHER ACTIV ITIES STAFF. COBOL NAME: NUM-OTH-ACT-PART-TIME OTHER PHYSICIAN - CONTRACT 7.2 1038 1044 N PROV1060 THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS

7.2 1045 1051 N PROV1065

UNDER CONTRACT TO A FACILITY
COBOL NAME: NUM-OTH-PHY-CONTRACT

OTHER PHYSICIAN - FULL TIME

THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS

EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-OTH-PHY-FULL-TIME

7.2 1052 1058 N PROV1070 OTHER PHYSICIAN - PART TIME

THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS

EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-OTH-PHY-PART-TIME

OTHR SOCIAL SERV STAFF-CONTRACT 7.2 1059 1065 N PROV5300

NUMBER OF CONTRACT STAFF HOURS PROVIDED BY OTHER SOCIAL

SERVICES STAFF.

COBOL NAME: NUM-OTH-SOC-CONTRACT

7.2 1066 1072 N PROV5290 OTHR SOCIAL SERV STAFF-FULL TIME

NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY OTHER SOCIA

L SERVICES STAFF.

COBOL NAME: NUM-OTH-SOC-FULL-TIME

OTHR SOCIAL SERV STAFF-PART TIME 7.2 1073 1079 N PROV5295

NUMBER OF PART-TIME STAFF HOURS PROVIDED BY OTHER SOCIA

L SERVICES STAFF.

COBOL NAME: NUM-OTH-SOC-PART-TIME

PHARMACISTS - CONTRACT 7.2 1080 1086 N PROV1085

THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS UNDER

CONTRACT TO A FACILITY.

COBOL NAME: NUM-PHAR-CONTRACT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

LEN START END TYPE SAS NAME SHORT DESCRIPTION

PHARMACISTS - FULL TIME 7.2 1087 1093 N PROV1090

THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED

BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-PHAR-FULL-TIME

7.2 1094 1100 N PROV1095 PHARMACISTS - PART TIME

THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED

BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-PHAR-PART-TIME

PHYS THER ASST - CONTRACT 7.2 1101 1107 N PROV5210

NUMBER OF CONTRACT STAFF HOURS FOR PHYSICAL THERAPY ASS

ISTANTS.

COBOL NAME: NUM-THER-ASST-CONTRACT

7.2 1108 1114 N PROV5200 PHYS THER ASST - FULL TIME

NUMBER OF FULL-TIME STAFF HOURS FOR PHYSICAL THERAPY AS

SISTANTS.

COBOL NAME: NUM-THER-ASST-FULL-TIME

PHYS THER ASST - PART TIME 7.2 1115 1121 N PROV5205

NUMBER OF PART-TIME STAFF HOURS FOR PHYSICAL THERAPY AS

SISTANTS.

COBOL NAME: NUM-THER-ASST-PART-TIME

PHYSICAL THERAPISTS - CONTRACT 7.2 1122 1128 N PROV1430

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS

UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-THER-CONTRACT

PHYSICAL THERAPISTS - FULL TIME 7.2 1129 1135 N PROV1435

THE NUMBER OF FULL TIME EQUIVALENT PHYSICAL THERAPISTS

EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

EMPLOYED BY A FACILITY

COBOL NAME: NUM-THER-FULL-TIME

7.2 1136 1142 N PROV1440 PHYSICAL THERAPISTS - PART TIME

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS

EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-THER-PART-TIME

PHYSICAL THERAPY AIDE - CONTRACT 7.2 1143 1149 N PROV1415

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY

AIDE UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-THER-AID-CONTRACT

PHYSICAL THERAPY AIDE - FULL TIME 7.2 1150 1156 N PROV1420

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY

AIDE EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-THER-AID-FULL-TIME

PHYSICAL THERAPY AIDE - PART TIME 7.2 1157 1163 N PROV1425

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY

AIDE EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-THER-AID-PART-TIME

PHYSICIAN EXTENDER - CONTRACT 7.2 1164 1170 N PROV3270

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS

UNDER CONTRACT TO THE FACILITY.

COBOL NAME: NUM-PHYS-EXT-CONTRACT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 18

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

PHYSICIAN EXTENDER - FULL TIME 7.2 1171 1177 N PROV3250

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS

EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS.

COBOL NAME: NUM-PHYS-EXT-FULL-TIME

PHYSICIAN EXTENDER - PART TIME 7.2 1178 1184 N PROV3260

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS

EMPLOYED BY THE FACILITY ON A PART-TIME BASIS.

COBOL NAME: NUM-PHYS-EXT-PART-TIME

7.2 1185 1191 N PROV1130 PODIATRISTS - CONTRACT

THE NUMBER OF FULL TIME EQUIVALENT PODIATRISTS UNDER

CONTRACT TO A FACILITY.

COBOL NAME: NUM-POD-CONTRACT

PODIATRISTS - FULL TIME 7.2 1192 1198 N PROV1135

THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED

BY A AFCILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-POD-FULL-TIME

PODIATRISTS - PART TIME 7.2 1199 1205 N PROV1140

THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED

BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-POD-PART-TIME

1 1206 1206 C PROV1675 PROVIDER BASED FACILITY

INDICATES IF A LONG TERM CARE FACILITY IS PROVIDER

BASED.

COBOL NAME: PROV-BASED-FACILITY

HOSPITAL BASED

REGISTERED NURSE - CONTRACT 7.2 1207 1213 N PROV1150

THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-REG-NURSE-CONTRACT

REGISTERED NURSE - FULL TIME 7.2 1214 1220 N PROV1155

THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES

EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-REG-NURSE-FULL-TIME

REGISTERED NURSE - PART TIME 7.2 1221 1227 N PROV1160

THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES

EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-REG-NURSE-PART-TIME

RELATED PROVIDER NUMBER 10 1228 1237 C PROV1755

THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS

MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH

DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD

WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.

COBOL NAME: RELATED-PROV-NUM

RESCIND SUSPENSION DATE 8 1238 1245 C PROV1825

DATE THAT THE SUPENSION OF PAYMENTS FOR NEW ADMISSIONS

TO A LONG TERM CARE FACILITY (LTC) IS RESCINDED.

COBOL NAME: RESC-SUSP-DT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 19

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

RN DIRECTOR OF NURSING - CONTRACT 7.2 1246 1252 N PROV5130

THE NUMBER OF FULL TIME EQUIVALENT RN DIRECTOR OF NURSI

NG UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-RN-DON-CONTRACT

RN DIRECTOR OF NURSING - FULL TIME 7.2 1253 1259 N PROV5120

THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF

NURSING EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-RN-DON-FULL-TIME

RN DIRECTOR OF NURSING - PART TIME 7.2 1260 1266 N PROV5140

THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF

NURSING EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-RN-DON-PART-TIME

SOCIAL WORKER - CONTRACT 7.2 1267 1273 N PROV1170

THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS

UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-SOCIAL-CONTRACT

SOCIAL WORKER - FULL TIME 7.2 1274 1280 N PROV1175

THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS

EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-SOCIAL-FULL-TIME

SOCIAL WORKER - PART TIME 7.2 1281 1287 N PROV1180

THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS

EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-SOCIAL-PART-TIME

SPECIAL CARE BEDS-AIDS 3 1288 1290 N PROV0725

THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED

BY THE FACILITY FOR RESIDENTS WITH AIDS.

COBOL NAME: NUM-AIDS-BEDS

SPECIAL CARE BEDS-ALZHEIMERS 3 1291 1293 N PROV0730 THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH ALZEHEIMERS. COBOL NAME: NUM-ALZHEIMERS-BEDS 1294 1296 N PROV0800 SPECIAL CARE BEDS-DIALYSIS 3 THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS NEEDING DIALYSIS. COBOL NAME: NUM-DIAL-BEDS SPECIAL CARE BEDS-DISABLED CHILD 3 1297 1299 N PROV0855 THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR DEISCABLED CHILDREN. COBOL NAME: NUM-DIS-CHILD-BEDS SPECIAL CARE BEDS-HEAD TRAUMA 3 1300 1302 N PROV0905 THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILTY FOR RESIDENTS WITH HEAD TRAUMA. COBOL NAME: NUM-HEAD-TRAUMA-BEDS SPECIAL CARE BEDS-HOSPICE 3 1303 1305 N PROV0920 THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY A FACILITY FOR RESIDENTS NEEDING HOSPICE SERVICES. COBOL NAME: NUM-HOSPICE-BEDS \* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME SPECIAL CARE BEDS-HUNTINGTONS 3 1306 1308 N PROV0940 THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH HUNTINGTON'S DISEASE COBOL NAME: NUM-HUNTING-DIS-BEDS 1309 1311 N PROV1205 SPECIAL CARE BEDS-SPEC REHAB 3 THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH SPECIALIZED REHAB NEEDS. 3 1312 1314 N PROV1460 COBOL NAME: NUM-SPEC-REHAB-BEDS SPECIAL CARE BEDS-VENTILATOR THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH VENTILATOR/ RESIPIRATORY CARE NEEDS. COBOL NAME: NUM-VENT-RESP-BEDS SPEECH PATHOLOGIST - CONTRACT 7.2 1315 1321 N PROV1190 THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-SPCH-PATH-CONTRACT
SPEECH PATHOLOGIST - FULL TIME 7.2 1322 1328 N PROV1195 THE NUMBER OF FULL-TIME EQUIVALENT SPPECH PATHOLOGISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-SPCH-PATH-FULL-TIME 7.2 1329 1335 N PROV1200 SPEECH PATHOLOGIST - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-SPCH-PATH-PART-TIME 1 1336 1336 C PROV3390 SRV: ACTIVITIES-OFFSITE-RESIDENTS INDICATES IF ACTIVITIES SERVICES ARE PROVIDED OFFSITE

TO RESIDENTS.

COBOL NAME: SP-ACT-THER-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: ACTIVITIES-ONSITE-NON RES 1 1337 1337 C PROV3385

INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE

TO NONRESIDENTS.

COBOL NAME: SP-ACT-THER-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: ACTIVITIES-ONSITE-RESIDENTS 1 1338 1338 C PROV3380

INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-ACT-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 21

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: BLOOD ADMIN-OFFSITE-RESIDENTS 1 1339 1339 C PROV3525

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD

SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-ADM-BLOOD-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-ONSITE-NONRES 1 1340 1340 C PROV3520

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.

COBOL NAME: SP-ADM-BLOOD-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-ONSITE-RESIDENTS 1 1341 C PROV3515

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD

SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-ADM-BLOOD-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-OFFSITE-RESIDENT 1 1342 1342 C PROV3495

INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-CLIN-LAB-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-ONSITE-NON RES 1 1343 1343 C PROV3490

INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-CLIN-LAB-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-ONSITE-RESIDENTS 1 1344 1344 C PROV3485

INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-CLIN-LAB-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: DENTAL-OFFSITE-RESIDENTS 1 1345 C PROV3435

INDICATES IF DENTAL SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-DENTAL-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 22

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: DENTAL-ONSITE-NON RESIDENTS 1 1346 1346 C PROV3430

INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-DENTAL-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: DENTAL-ONSITE-RESIDENTS 1 1347 C PROV3425

INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-DENTAL-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: DIETARY-OFFSITE-RESIDENTS 1 1348 1348 C PROV3345

INDICATES IF DIETARY SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-DIETARY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: DIETARY-ONSITE-NON RESIDENTS 1 1349 C PROV3340

INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-DIETARY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: DIETARY-ONSITE-RESIDENTS 1 1350 1350 C PROV3335

INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-DIETARY-ON-RES

SERVICE IS NOT PROVIDED VALUES: N Y

SERVICE IS PROVIDED

SRV: HOUSEKEEPING ONSITE-NON RES 1351 1351 C PROV3535 1

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-HOUSE-KP-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING-OFFSITE-RES 1 1352 1352 C PROV3540

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED OFFSITE

TO RESIDENTS.

COBOL NAME: SP-HOUSE-KP-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

> Y SERVICE IS PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 23

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: HOUSEKEEPING-ONSITE-RESIDENTS 1 1353 1353 C PROV3530

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-HOUSE-KP-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

SERVICE IS PROVIDED

1354 1354 C PROV3465 SRV: MENTAL HEALTH-OFFSITE-RES 1

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-MEN-HLTH-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

> Y SERVICE IS PROVIDED

1 1355 1355 C PROV3460 SRV: MENTAL HEALTH-ONSITE-NON RES

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-MEN-HLTH-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

> V SERVICE IS PROVIDED

SRV: MENTAL HEALTH-ONSITE-RESID 1 1356 1356 C PROV3455

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-MEN-HLTH-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

> Y SERVICE IS PROVIDED

SRV: NURSING-OFFSITE-RESIDENTS 1 1357 1357 C PROV3315

INDICATES IF NURSING SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-NURSING-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: NURSING-ONSITE-NON RESIDENTS 1 1358 1358 C PROV3310

INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-NURSING-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: NURSING-ONSITE-RESIDENTS 1 1359 1359 C PROV3305

INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-NURSING-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 24

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: OCCUP THER-OFFSITE-RESIDENTS 1 1360 1360 C PROV3360

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-OCC-THER-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-NON RESID 1 1361 1361 C PROV3355

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-OCC-THER-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-RESIDENTS 1 1362 1362 C PROV3350

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-OCC-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-OFFSITE TO RES 1 1363 1363 C PROV5255

FIELD 3 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY

STAFF OFFSITE TO RESIDENTS.

COBOL NAME: SP-OTH-ACT-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-ONSITE NONRES 1 1364 1364 C PROV5250

FIELD 2 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY

STAFF ONSITE TO NONRESIDENTS.

COBOL NAME: SP-OTH-ACT-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y

SRV: OTH ACTIVITIES-ONSITE RES 1 1365 1365 C PROV5245

FIELD 1 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY

STAFF ONSITE TO RESIDENTS.
COBOL NAME: SP-OTH-ACT-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-OFFSITE TO RES 1 1366 1366 C PROV5285

FIELD 3 - INDICATES SERVICES PROVIDED BY OTHER SOCIAL S

ERVICES STAFF OFFSITE TO RESIDENTS.

COBOL NAME: SP-OTH-SOC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 25

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: OTH SOC SRV-ONSITE TO NONRES 1 1367 C PROV5280

INDICATES IF OTHER SOCIAL SERVICES ARE PROVIDED ONSITE

TO NONRESIDENTS.

COBOL NAME: SP-OTH-SOC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-ONSITE TO RES 1 1368 1368 C PROV5275

FIELD 1 - INDICATES SERVICES PROVIDED BY SOCIAL SERVICE

S STAFF ONSITE TO RESIDENTS.
COBOL NAME: SP-OTH-SOC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHARMACY-OFFSITE-RESIDENTS 1 1369 1369 C PROV3330

INDICATES IF PHARMACY SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-PHARMACY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHARMACY-ONSITE-NON RESIDENTS 1 1370 1370 C PROV3325

INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-PHARMACY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHARMACY-ONSITE-RESIDENTS 1 1371 C PROV3320

INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-PHARMACY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-OFFSITE-RESID 1 1372 1372 C PROV3300

INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-EXT-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-ONSITE-NON RES 1 1373 1373 C PROV3295

INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-PHYS-EXT-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 26

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: PHYS EXTENDER-ONSITE-RESIDENT 1 1374 1374 C PROV3290

INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-EXT-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS THER-OFFSITE-RESIDENTS 1 1375 C PROV3375

INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-THER-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS THER-ONSITE-NON RESIDENT 1 1376 1376 C PROV3370

INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-PHYS-THER-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS THER-ONSITE-RESIDENTS 1 1377 C PROV3365

INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYSICIAN-OFFSITE-RESIDENTS 1 1378 1378 C PROV3285

INDICATES IF PHYSICIAN SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-PHYS-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYSICIAN-ONSITE-NON RESIDENT 1 1379 1379 C PROV3280

INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-PHYS-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYSICIAN-ONSITE-RESIDENTS 1 1380 C PROV3275

INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-PHYS-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 27

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: PODIATRY-OFFSITE-RESIDENTS 1 1381 1381 C PROV3450

INDICATES IF PODIATRY SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-PODIATRY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PODIATRY-ONSITE-NON RESIDENTS 1 1382 1382 C PROV3445

INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-PODIATRY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PODIATRY-ONSITE-RESIDENTS 1 1383 1383 C PROV3440

INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-PODIATRY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-OFFSITE-RESIDENTS 1 1384 1384 C PROV3405

INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED OFFSITE

TO RESIDENTS.

COBOL NAME: SP-MED-SOC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-ONSITE-NON RESID 1 1385 1385 C PROV3400

INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-MED-SOC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-ONSITE-RESIDENTS 1 1386 1386 C PROV3395

INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-MED-SOC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SPEECH PATH-OFFSITE-RESIDEN 1 1387 1387 C PROV3420

INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE

PROVIDED OFFSITE TO RESIDENTS.
COBOL NAME: SP-SPEECH-PH-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 28

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: SPEECH PATH-ONSITE-NON RESID 1 1388 1388 C PROV3415

INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE

PROVIDED ONSITE TO NON RESIDENTS.
COBOL NAME: SP-SPEECH-PH-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SPEECH PATH-ONSITE-RESIDENTS 1 1389 1389 C PROV3410

INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE

PROVIDED ONSITE TO RESIDENTS.
COBOL NAME: SP-SPEECH-PH-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: THER REC SPEC-OFFSITE TO RES 1 1390 1390 C PROV5225

INDICATES IF THERAPEUTIC RECRECATION SPECIALIST SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-THER-REC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: THER REC SPEC-ONSITE-NONRES 1 1391 C PROV5220

INDICATES IF THERAPEUTIC RECREATION SPECIALIST SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.

COBOL NAME: SP-THER-REC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: THER REC SPEC-ONSITE-RESIDENT 1 1392 1392 C PROV5215

INDICATES IF THERAPEUTIC RECREATION SPECIALIST

SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-THER-REC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: VOCATIONAL-OFFSITE-RESIDENTS 1 1393 1393 C PROV3480

INDICATES IF VOCATIONAL SERVICES ARE PROVIDED OFFSITE

TO RESIDENTS.

COBOL NAME: SP-VOC-GUID-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: VOCATIONAL-ONSITE-NON RESID 1 1394 1394 C PROV3475

INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-VOC-GUID-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 29

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: VOCATIONAL-ONSITE-RESIDENTS 1 1395 C PROV3470

INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-VOC-GUID-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: XRAY-OFFSITE-RESIDENTS 1 1396 1396 C PROV3510

INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: XRAY-ONSITE-NON RESIDENTS 1 1397 C PROV3505

INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: XRAY-ONSITE-RESIDENTS 1 1398 1398 C PROV3500

INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

THER REC SPEC - CONTRACT 7.2 1399 1405 N PROV5240

NUMBER OF CONTRACT STAFF HOURS PROVIDED BY THERAPEUTIC

RECREATION SPECIALIST.

COBOL NAME: NUM-THER-REC-CONTRACT

THER REC SPEC - FULL TIME 7.2 1406 1412 N PROV5230

NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY THERAPEUTIC

RECREATION SPECIALIST.

COBOL NAME: NUM-THER-REC-FULL-TIME

THER REC SPEC - PART TIME 7.2 1413 1419 N PROV5235

NUMBER OF PART-TIME STAFF HOURS PROVIDED BY THERAPEUTIC

IS LOCATED.

COBOL NAME: NUM-THER-REC-PART-TIME

* INDICATES THIS FIELD HAS BEEN A DATE: 04/03/2006 POS SNF/NF (DISTINCT PART),	RECORD LAY	TUC				PAGE: 1
SHORT DESCRIPTION		LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVID NURSING FACILITIES AND HOSPIT COBOL NAME: CATEGORY-SUBTYPE- VALUES: 03	ALS.		_	2	С	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 03	IS MOST IN			_	С	PROV0075
VIII 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2117 (22)					
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE TAKEN PLACE FOR A PARTICULAR COBOL NAME: CHOW-CNT		2 P (CH	_	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF COBOL NAME: CHOW-DT	OWNERSHIP.	8	7	14	С	PROV0100
CITY  CITY IN WHICH THE PROVIDER IS  COBOL NAME: CITY	PHYSICALLY	28 LOCA	15 TED.	42	С	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN REQUIREMENTS BASED ON AN ACCE OF DEFICIENCIES.  COBOL NAME: COMPL-ACCEPT-PLAN	COMPLIANCE PTABLE PLAN -COR	FOR	CORRECTI	ON	-	
VALUES: 1	COMPLIANCE	BASE.	D ON ACC	EPTA	BLE PO	C
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SU WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A B	PPLIER IS II IN COMPLIAI NOT IN COM	NCE	PLIANCE	44	С	PROV2715
COUNTY CODE SSA GEOGRAPHIC CODE INDICATIN	G COUNTY WHI	3 ERE F.	45 ACILITY	47	С	PROV2695

COBOL NAME: SSA-COUNTY

CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300

NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.

COBOL NAME: CROSS-REF-PROV-NUM

CURRENT FMS SURVEY DATE 8 58 65 C PROV0500

CURRENT FMS SURVEY DATE
COBOL NAME: FMS-SURVEY-DT-1

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CURRENT SURVEY DATE 8 66 73 C PROV2740

THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR

THE PROVIDER.

COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE 1 74 74 C PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN

THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE

NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 50 75 124 C PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO

PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 125 129 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER

SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES: 00010 BLUE CROSS (ALABAMA)

00011 CAHABA 00020 BLUE CROSS (ARKANSAS) 00030 BLUE CROSS (ARIZONA) 00040 BLUE CROSS (CALIFORNIA) 00060 BLUE CROSS (CONNECTICUT) 00070 BLUE CROSS (DELAWARE) 00090 BLUE CROSS (FLORIDA) 00101 BLUE CROSS (GEORGIA)

00121 HEALTH CARE SERVICE CORPORATION

00122 HCSC - MICHIGAN
00123 HCSC OF MICHIGAN
00130 BLUE CROSS (INDIANA)

00131 ADMINISTAR FEDERAL (CHICAGO) 00140 BLUE CROSS (IOWA/SOUTH DAKOTA)

00150 BLUE CROSS (KANSAS)
00160 BLUE CROSS (KENTUCKY)
00180 BLUE CROSS (MAINE)
00190 BLUE CROSS (MARYLAND)

00200 BLUE CROSS (MASSACHUSETTS)

```
BLUE CROSS (MICHIGAN)
BLUE CROSS (MINNESOTA)
BLUE CROSS (MISSISSIPPI)
                   00210
00220
                   00230
                   00231
                                           BLUE CROSS (LOUISIANA)
                   00241
                                           BLUE CROSS (MISSOURI)
                   00250
                                           BLUE CROSS (MONTANA)
                   00260
                                           BLUE CROSS (NEBRASKA)
                   00270
                                           NEW HAMPSHIRE-VERMONT HEALTH SERVICE
 * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT
                                                                                            PAGE: 3
             SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)
   SHORT DESCRIPTION
                                                            LEN START END TYPE SAS NAME
                   00280
                                             BLUE CROSS (NEW JERSEY)
                   00290
                                             BLUE CROSS (NEW MEXICO)
                   00308
                                           BLUE CROSS (EMPIRE)
                                         BLUE CROSS (EMPIRE)
BLUE CROSS (NORTH CAROLINA)
BLUE CROSS (NORTH DAKOTA)
COMMUNITY MUTUAL INSURANCE CO
BLUE CROSS (OKLAHOMA)
BLUE CROSS (OREGON)
BLUE CROSS (OREGON) (IDAHO CLAIMS)
BLUE CROSS (INDEPENDENCE)
BLUE CROSS (WESTERN PENNSYLVANIA)
HIGHMARK MEDICARE SERVICES
BLUE CROSS (RHODE ISLAND)
BLUE CROSS (SOUTH CAROLINA)
BLUE CROSS (TENNESSEE)
                   00310
                   00320
                   00332
                   00340
                   00350
                   00351
                   00362
                   00363
                   00366
                   00370
                   00380
                   00390
                                           BLUE CROSS (TENNESSEE)
                   00400
                                           BLUE CROSS (TEXAS)
                   00410
                                           BLUE CROSS (UTAH)
                   00423
                                           BLUE CROSS (VIRGINIA/WEST VA)
                   00430
                                           BLUE CROSS (WASHINGTON & ALASKA)
                                          BLUE CROSS (WASHINGTON & ALASKA)
BLUE CROSS (WISCONSIN)
UNITED GOVT SERVICES
USG CALIFORNIA
BLUE CROSS (WYOMING)
BLUE CROSS (NORTH CAROLINA FOR PR)
                   00450
                   00452
                   00454
                   00460
                   00468
                                             CAHABA
                   00883
                                             PALMETTO
                   00952
                                             WPS - ILLINOIS
                                             WPS - MICHIGAN
                   00953
                   00954
                                             WI PHYSICIAN SERVICES - MN
                   01390
                                            AETNA (WASHINGTON)
                   17120
                                            HAWAII MEDICAL SERVICE ASSOCIATION
                   31140
                                           NATIONAL HERITAGE (CA)
                                          NATIONAL HERITAGE INSURANCE CO (MAINE)
NATIONAL HERITAGE INSURANCE CO
NATIONAL HERITAGE INSURANCE CO
                   31142
                   31143
                   31144
                   31146
                                             NATIONAL HERITAGE INSURANCE
                   50333
                                            TRAVELERS (NEW YORK)
                   51051
                                           AETNA (PETALUMA)
```

AETNA (FARMINGTON) AETNA (CLEARWATER)

AETNA (PEORIA)

51070

51100 51140

51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PHERTO RICO)

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 4 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME MEDICARE OR MEDICAID VENDOR NUMBER 130 144 C PROV0655 15 A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM 8 145 152 C PROV1565 PARTICIPATION DATE THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT PRIOR CHANGE OF OWNERSHIP 153 160 C PROV1615 8 THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT PRIOR INTERMEDIARY NUMBER 5 161 165 C PROV1620 A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM 166 175 C PROVIDER NUMBER 10 PROV1680 A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER. COBOL NAME: PROV-NUM 176 176 C PROV1720 RECORD TYPE 1 THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE VALUES: Α ACCEPTED PENDING W WORK 2 177 178 C PROV1725 REGION CODE THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: 01 I BOSTON II NEW YORK 02 III PHILADELPHIA 03 04 IV ATLANTA CHICAGO 05 V 06 VI DALLAS 07 VII KANSAS CITY 80 VIII DENVER 09 IX SAN FRANCISCO 10 X SEATTLE

SKELETON RECORD INDICATOR 1 179 179 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE

FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES:

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 5

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

Y YES

STATE ABBREVIATION 2 180 181 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES: AK ALASKA
AL ALABAMA
AR ARKANSAS
AS AMERICAN SAMOA

AZ ARIZONA
CA CALIFORNIA
CN CANADA
CO COLORADO

CT CONNECTICUT

DC DISTRICT OF COLUMBIA

DEDELAWARE FLFLORIDA GΑ **GEORGIA** GU GUAM ΗI HAWAII ΙA IOWA IDAHO TD ILILLINOIS

IL ILLINOIS
IN INDIANA
KS KANSAS
KY KENTUCKY
LA LOUISIANA
MA MASSACHUSETTS
MD MARYLAND

ME MAINE MΙ MICHIGAN MN MINNESOTA MO MISSOURI MΡ SAIPAN MS MISSISSIPPI MTMONTANA MXMEXICO

MX MEXICO
NC NORTH CAROLINA
ND NORTH DAKOTA
NE NEBRASKA
NH NEW HAMPSHIRE
NJ NEW JERSEY
NM NEW MEXICO

```
NV NEVADA
NY NEW YORK
OH OHIO
OK OKLAHOMA
OR OREGON
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\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 6

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

## SHORT DESCRIPTION LEN START END TYPE SAS NAME

PA	PENNSYLVANIA				
PR	PUERTO RICO				
RI	RHODE ISLAND				
SC	SOUTH CAROLINA				
SD	SOUTH DAKOTA				
TN	TENNESSEE				
TX	TEXAS				
UT	UTAH				
VA	VIRGINIA				
VI	VIRGIN ISLANDS				
VT	VERMONT				
WA	WASHINGTON				
WI	WISCONSIN				
WV	WEST VIRGINIA				
WY	WYOMING				

STATE CODE (SSA) 2 182 183 C PROV2700

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS

LOCATED.

COBOL NAME: SSA-STATE

VALUES:	01	ALABAMA				
	02	ALASKA				
	03	ARIZONA				
	04	ARKANSAS				
	05	CALIFORNIA				
	06	COLORADO				
	07	CONNECTICUT				
	08	DELAWARE				
	09	DISTRICT OF COLUMBIA				
	10	FLORIDA				
	11	GEORGIA				
	12	HAWAII				
	13	IDAHO				
	14	ILLINOIS				
	15	INDIANA				
	16	AWOI				
	17	KANSAS				
	18	KENTUCKY				
	19	LOUISIANA				
	20	MAINE				
	21	MARYLAND				
	22	MASSACHUSETTS				
	23	MICHIGAN				
	24	MINNESOTA				

25	MISSISSIPPI
26	MISSOURI
27	MONTANA
28	NEBRASKA

* INDICATES THIS FIELD HAS BEEN A 1DATE: 04/03/2006 POS	DDED OR CHANGED RECORD LAYOUT	SINCE	: 01/0	3/2006	PAGE: 7
SNF/NF (DISTINCT PART),		(SEE	POSITIO	NS 3-4	_
SHORT DESCRIPTION	T TONT	מ מיים	ш вир	TWDE:	CAC MAME
SHORI DESCRIPTION	LEN	SIAR	T FND	IXPE	SAS NAME
29	NEVADA				
30	NEW HAMPSHIRE				
31	NEW JERSEY				
32	NEW MEXICO				
33	NEW YORK				
34	NORTH CAROLINA				
35	NORTH DAKOTA				
36	OHIO				
37	OKLAHOMA				
38	OREGON				
39	PENNSYLVANIA				
40	PUERTO RICO				
41	RHODE ISLAND				
42	SOUTH CAROLINA				
43	SOUTH DAKOTA				
44	TENNESSEE				
45	TEXAS				
46	UTAH				
47	VERMONT				
48	VIRGIN ISLANDS				
49	VIRGINIA				
50	WASHINGTON				
51	WEST VIRGINIA				
52	WISCONSIN				
53	WYOMING				
56	CANADA				
59	MEXICO				
64	AMERICAN SAMOA				
65	GUAM				
66	SAIPAN				
STATE REGION CODE	2	1 Ω	л 19 <i>6</i>		PROV2710
FOR SELECTED STATES, IDENTIFI					PROVZ/IU
WITHIN THE STATE WHERE THE FA			101		
COBOL NAME: STATE-REGION-CD	CILITI ID LOCALI	שם			
STREET ADDRESS	50	1.8	7 236	i C	PROV2720
STREET ADDRESS OF A PROVIDER			, 250	·	11002720
PROVIDE MEDICARE AND/OR MEDIC					
COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	23	7 246	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER	OF THE PRIMARY				
THE OPERATOR OF A PROVIDER.			-		
COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	24	7 248	C	PROV4770
TERMINATION CODE #1, THE REAS	ON A FACILITY H	AS BEE	N		

TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID

PROGRAMS.

COBOL NAME: TERM-CD-1

VALUES:

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

DATE: 04/03/2		POS RECORD LA			, -	-,	PAGE: 8
SNF	/NF (DISTINCT	PART), CATEGORY =	"03"	(SEE PO	SITIO	NS 3-4	)
SHORT DESC	RIPTION		LEN	START	END	TYPE	SAS NAME
	00	ACTIVE					
	01	VOL-MERG,	CLOSE				
	02	VOL-REIMB	URSE				
	03	VOL-RISK	INVOL				
	04	VOL-OTHER					
	05	INVOL-FAI	L REQ				
	06	INVOL-AGR	EEMNT				
	07	OTH-STATU	S CHG				
THE DATE THE EXPI FOR OTHER	THE LABORATOR RATION DATE OF R NON-CLIA PRO	CION DATE 1 RY'S CERTIFICATE TO THE CURRENT CLIA DVIDERS, IT IS THE	ERMINA CERTI	ATED OR FICATE.		С	PROV4500
	WAS TERMINATE	iD.					
TYPE OF ACT	ME: EXP-DT-1		1	257	257	C	PROV2880
IDENTIFIE TRANSMIT						C	11002000
VALUES:	1	INITIAL					
	2	RECERTIFI	CATION	1			
	3	TERMINATI	ON				
	4	CHANGE OF	OWNER	RSHIP			
TYPE OF COM	NTROL		2	258	259	С	PROV2885
A PROVIDE	ER OF SERVICES		N THAT	C OPERAT	ES		
VALUES:	ME: TYPE-CONTR	FOR PROFI	т тк	אווח דיידחווא	т		
VALUES.	02	FOR PROFI					
	03	FOR PROFI					
	04	NONPROFIT					
	05	NONPROFIT					
	06	NONPROFIT	- OTH	IER			
	07	GOVERNMEN	T - ST	CATE			
	08	GOVERNMEN	T - CC	UNTY			
	09	GOVERNMEN					
	10	GOVERNMEN					
	11	GOVERNMEN		-	DISTR	ICT	
	12	GOVERNMEN	T - FE	DERAL			
ZIP CODE THE FIVE	DIGIT POSTAL	CODE FOR THE PROV	5 IDER.	260	264	С	PROV2905

COBOL NAME: ZIP-CD

2 265 266 C FIPSTATE FIPS STATE CODE

FIPS STATE CODE

COBOL NAME: WS-FIPS-STATE

FIPS COUNTY CODE 3 267 269 C FIPCNTY

FIPS COUNTY CODE

COBOL NAME: WS-FIPS-CNTY

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 9

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SSA MSA CODE 3 270 272 C SSAMSACD

SSA MSA CODE

COBOL NAME: WS-SSA-MSA-CD

SSA MSA SIZE CODE 1 273 273 C SSAMSASZ

SSA MSA SIZE CODE

COBOL NAME: WS-SSA-MSA-SIZE-CD

BEDS - TOTAL 4 291 294 N PROV0740

TOTAL NUMBER OF BEDS IN A FACILITY, INCLUDING THOSE

IN NON-PARTICIPATING OR NON-LICENSED AREAS.

COBOL NAME: NUM-BEDS

BEDS - TOTAL CERTIFIED 4 295 298 N PROV0755

NUMBER OF BEDS IN MEDICARE AND/OR MEDICAID CERTIFIED

AREAS WITHIN A FACILITY.

COBOL NAME: NUM-CERT-BEDS

COMPLIANCE: LIFE SAFETY CODE 1 356 356 C PROV0240

INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN

RECOMMENDED FOR A PROVIDER.

COBOL NAME: COMPL-LSC

VALUES: 1 WAIVER RECOMMENDED

COMPLIANCE: 24 HR REGISTERED NURSE 1 359 359 C PROV0290

INDICATES IF A WAIVER OF THE 24 HOUR REGISTERED NURSE

REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY.

COBOL NAME: COMPL-24-HR-RN

VALUES: 1 WAIVER RECOMMENDED

FISCAL YEAR ENDING DATE 4 378 381 C PROV0485

THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL

YEAR.

COBOL NAME: FISC-YR-END-DT

PROGRAM PARTICIPATION 1 434 434 C PROV1670

INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE,

MEDICAID, OR BOTH PROGRAMS.

COBOL NAME: PROG-PARTCI

VALUES: 1 MEDICARE ONLY

2 MEDICAID ONLY

3 MEDICARE AND MEDICAID

REGIONAL OVERRIDE #1 (NUMBER BEDS) 1 470 470 C PROV1545

THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS

SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE

ODIE DATA ENTRY SYSTEM.

COBOL NAME: OVERRIDE-1

VALUES: Y RECORD HAS BEEN APPROVED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 10

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

REGIONAL OVERRIDE #2 (STAFFING) 1 471 C PROV1550 THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE

ODIE DATA ENTRY SYSTEM.
COBOL NAME: OVERRIDE-2

VALUES: Y RECORD HAS BEEN APPROVED

ACTIVITY PROFESSIONAL - CONTRACT 7.2 596 602 N PROV0695

THE NUMBER OF FULL TIME EQUIVALENT ACTIVITIES PROFESSIONALS UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-ACT-THER-CONTRACT

ACTIVITY PROFESSIONAL - FULL TIME 7.2 603 609 N PROV0700

THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES

PROFESSIONALS EMPLOYED FULL TIME BY A FACILITY.

COBOL NAME: NUM-ACT-THER-FULL-TIME

ACTIVITY PROFESSIONAL - PART TIME 7.2 610 616 N PROV0705

THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES

PROFESSIONALS EMPLOYED PART TIME BY A FACILITY.

COBOL NAME: NUM-ACT-THER-PART-TIME

ADMINISTRATION - CONTRACT 7.2 617 623 N PROV0710

THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-ADMN-CONTRACT

ADMINISTRATOR - FULL TIME 7.2 624 630 N PROV0715

THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF EMPLOYED ON A FULL TIME BASIS BY A FACILITY.

COBOL NAME: NUM-ADMN-FULL-TIME

ADMINISTRATOR - PART TIME 7.2 631 637 N PROV0720

THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF EMPLOYED ON A PART-TIME BASIS BY A FACILITY.

COBOL NAME: NUM-ADMN-PART-TIME

BEDS - MEDICARE SNF 4 638 641 N PROV1445

NUMBER OF MEDICARE CERTIFIED SNF BEDS IN A FACILITY.

COBOL NAME: NUM-T18-SNF-BEDS

BEDS - NURSING FACILITY 4 642 645 N PROV1455

NUMBER OF MEDICAID CERTIFIED SKILLED NURSING CARE

BEDS IN A FACILITY.

COBOL NAME: NUM-T19-SNF-BEDS

BEDS - SNF/NF 4 646 649 N PROV1450

NUMBER OF BEDS CERTIFIED FOR BOTH MEDICARE AND MEDICAID SKILLED NURSING CARE IN A LONG TERM CARE FACILITY.

COBOL NAME: NUM-T1819-SNF-BEDS

CERT NURSE AIDES - CONTRACT 7.2 650 656 N PROV1000

THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE

AIDES UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-NURSE-AID-CONTRACT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 11

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CERT NURSE AIDES - FULL TIME 7.2 657 663 N PROV1005

THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE

AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-NURSE-AID-FULL-TIME

CERT NURSE AIDES - PART TIME 7.2 664 670 N PROV1010

THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE

AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-NURSE-AID-PART-TIME

CHRISTIAN SCIENCE INDICATOR 1 671 C PROV0110

INDICATES IF A PROVIDER IS A CHRISTIAN SCIENCE FACILITY

COBOL NAME: CHRISTIAN-SCIENCE-IND

VALUES: Y CHRISTIAN SCIENCE

COMPLIANCE: BEDS PER ROOM WAIVER 1 672 672 C PROV0225

INDICATES IF A WAIVER OF THE BEDS PER ROOM REQUIREMENT

HAS BEEN RECOMMENDED FOR A FACILITY.

COBOL NAME: COMPL-BEDS-PER-ROOM

VALUES: 1 WAIVER RECOMMENDED

COMPLIANCE: PATIENT ROOM SIZE 1 673 673 C PROV0270

INDICATES IF A WAIVER OF PATIENT ROOM SIZE HAS BEEN

RECOMMENDED FOR A FACILITY.

COBOL NAME: COMPL-PATIENT-ROOM-SZ

VALUES: 1 WAIVER RECOMMENDED

COMPLIANCE: 7 DAY REGISTERED NURSE 1 674 C PROV0295

INDICATES IF A WAIVER OF THE 7 DAY REGISTERED NURSE REQUIREMENTS HAS BEEN RECOMMENDED FOR A SNF OR NF.

COBOL NAME: COMPL-7-DAY-RN

VALUES: 1 WAIVER RECOMMENDED

DENTISTS - CONTRACT 7.2 675 681 N PROV0785

THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-DENTIST-CONTRACT

DENTISTS - FULL TIME 7.2 682 688 N PROV0790

THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED

BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-DENTIST-FULL-TIME

DENTISTS - PART TIME 7.2 689 695 N PROV0795

THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED

BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-DENTIST-PART-TIME

DIETITIANS - CONTRACT 7.2 696 702 N PROV0805

THE NUMBER OF FULL-TIME EQUIVALENT UNDER CONTRACT TO

A FACILITY.

COBOL NAME: NUM-DIET-CONTRACT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 12

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

DIETITIANS - FULL TIME 7.2 703 709 N PROV0810

THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS

EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-DIET-FULL-TIME

DIETITIANS - PART TIME 7.2 710 716 N PROV0815

THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS EMPLOYED

BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-DIET-PART-TIME

EXPERIMENTAL RESEARCH CONDUCTED 1 717 717 C PROV0465

INDICATES IF A FACILITY USES RESIDENTS TO DEVELOP AND

TEST CLINICAL TREATMENTS.

COBOL NAME: EXPER-RESEARCH

VALUES: Y YES

FOOD SERVICE - CONTRACT 7.2 718 724 N PROV0860

THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE

PERSONNEL UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-FOOD-SRV-CONTRACT

FOOD SERVICE - FULL TIME 7.2 725 731 N PROV0865

THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE

PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-FOOD-SRV-FULL-TIME

FOOD SERVICE - PART TIME 7.2 732 738 N PROV0870

THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE

PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-FOOD-SRV-PART-TIME

HOUSEKEEPING - CONTRACT 7.2 739 745 N PROV0925

THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING

PERSONNEL UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-HOUSE-CONTRACT

HOUSEKEEPING - FULL TIME 7.2 746 752 N PROV0930

THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING

PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-HOUSE-FULL-TIME

HOUSEKEEPING - PART TIME 7.2 753 759 N PROV0935

THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING

PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-HOUSE-PART-TIME

LPN/LVN - CONTRACT 7.2 760 766 N PROV1465

THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/

VOCATIONAL NURSES UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-VOC-NURSE-CONTRACT

LPN/LVN - FULL TIME 7.2 767 773 N PROV1470

THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A FULL TIME

BASIS.

COBOL NAME: NUM-VOC-NURSE-FULL-TIME

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 PAGE: 13 1DATE: 04/03/2006 POS RECORD LAYOUT SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME LPN/LVN - PART TIME 7.2 774 780 N PROV1475 THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-VOC-NURSE-PART-TIME LTC CROSS REFERENCE PROVIDER # 781 786 C PROV0640 THIS CROSS REFERENCE NUMBER IDENTIFIES LTC PROVIDER NUMBERS THAT WERE TERMINATED IN 1985 BECAUSE OF POLICY CHANGES WHICH STATES THAT SNF/ICF DISTINCT PARTS OR DUA LLY CERTIFIED PORTIONS ARE ASSIGNED SINGLE SNF PROV NO. COBOL NAME: LTC-CROSS-REF-PROV-NUM MEDICAL DIRECTOR - CONTRACT 7.2 787 793 N PROV0960 THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS UNDER CONTRCAT TO A FACILITY. COBOL NAME: NUM-MED-CONTRACT 794 800 N MEDICAL DIRECTOR - FULL TIME 7.2 PROV0965 THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-MED-FULL-TIME MEDICAL DIRECTOR - PART TIME 801 807 N 7.2 PROV0970 THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-MED-PART-TIME 7.2 808 814 N PROV5180 MEDICATION AIDES/TECHS-CONTRACT THE NUMBER OF FULL-TIMR EQUIVALENT MEDICATION AIDES/ TECHNICIANS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-MED-AID-CONTRACT MEDICATION AIDES/TECHS-FULL TIME 7.2 815 821 N PROV5170 THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/ TECHNICIANS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-MED-AID-FULL-TIME 7.2 822 828 N PROV5175 MEDICATION AIDES/TECHS-PART TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/ TECHNICIANS EMPLOYED BYA FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-MED-AID-PART-TIME 829 835 N PROV0980 MENTAL HEALTH SERVICES - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH

COBOL NAME: NUM-MEN-HLTH-FULL-TIME

COBOL NAME: NUM-MEN-HLTH-CONTRACT

MENTAL HEALTH SERVICES - FULL TIME

TIME BASIS.

836 842 N PROV0985

7.2

SERVICES PERSONNEL UNDER CONTRACT TO A FACILITY.

THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A FULL

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SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

MENTAL HEALTH SERVICES - PART TIME 7.2 843 849 N PROV0990

THE NUMBER OF FULL TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A PART

TIME BASIS.

COBOL NAME: NUM-MEN-HLTH-PART-TIME

MULTI-FACILITY ORGANIZATION NAME 38 850 887 C PROV0680

THE NAME OF THE MULTI-FACILITY ORGANIZATION THAT OWNS

THE FACILITY.

COBOL NAME: NAME-MULT-FACL-ORG

MULTI-FACILITY ORGANIZATION OWNED 1 888 888 C PROV0675

INDICATES IF A FACILITY IS OWNED BY AN ORGANIZATION

THAT OWNS (OR LEASES) TWO OR MORE NURSING FACILITIES.

COBOL NAME: MULT-FACL-ORG

VALUES: Y YES

NURSE AIDES IN TRNG - CONTRACT 7.2 889 895 N PROV5165

NUMBER OF FULL TIME EQUIVALENT NURSE AIDES IN TRAINING UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-AID-TRNG-CONTRACT

NURSE AIDES IN TRNG-FULL TIME 7.2 896 902 N PROV5155

THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN

TRAINING EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-AID-TRNG-FULL-TIME

NURSE AIDES IN TRNG-PART TIME 7.2 903 909 N PROV5160

THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN

TRAINING EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-AID-TRNG-PART-TIME

NURSES WITH ADMIN DUTIES-CONTRACT 7.2 910 916 N PROV5150

THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH

ADMINISTRATIVE DUTIES UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-NURSE-ADM-CONTRACT

NURSES WITH ADMIN DUTIES-FULL TIME 7.2 917 923 N PROV5135

THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH

ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A FULL

TIME BASIS.

COBOL NAME: NUM-NURSE-ADM-FULL-TIME

NURSES WITH ADMIN DUTIES-PART TIME 7.2 924 930 N PROV5145

NUMBER OF FULL-TIME EQUIVALENT NURSES WITH

ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A

PART TIME BASIS.

COBOL NAME: NUM-NURSE-ADM-PART-TIME

OCCUP THERAPY AIDE - CONTRACT 7.2 931 937 N PROV1020

THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL

THERAPY AIDES UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-OCC-AID-CONTRACT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

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SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME OCCUP THERAPY AIDE - FULL TIME 7.2 938 944 N PROV1025 THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-OCC-AID-FULL-TIME 945 951 N OCCUP THERAPY AIDE - PART TIME 7.2 PROV1030 THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-OCC-AID-PART-TIME OCCUP THERAPY ASST - CONTRACT 7.2 952 958 N PROV5195 THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS UNDER CONTRCAT TO A FACILITY. COBOL NAME: NUM-OCC-ASST-CONTRACT OCCUP THERAPY ASST - FULL TIME 7.2 959 965 N PROV5185 THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-OCC-ASST-FULL-TIME 7.2 966 972 N PROV5190 OCCUP THERAPY ASST - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-OCC-ASST-PART-TIME OCCUPATIONAL THERAPIST - CONTRACT 7.2 973 979 N PROV1035 THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-OCC-THER-CONTRACT OCCUPATIONAL THERAPIST - FULL TIME 7.2 980 986 N PROV1040 THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-OCC-THER-FULL-TIME 7.2 987 993 N PROV1045 OCCUPATIONAL THERAPIST - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-OCC-THER-PART-TIME 994 C PROV1535 ORGANIZED FAMILY GROUP 994 INDICATES IF THE FACILITY HAS AN ORGANIZED GROUP OF FAMILY MEMBERS OF RESIDENTS. COBOL NAME: ORG-FAMILY-GRP VALUES: Y YES 1 995 995 C PROV1540 ORGANIZED RESIDENT GROUP INDICATES IF THE FACILITY HAS AN ORGANIZED RESIDENTS GROUP. COBOL NAME: ORG-RESID-GRP VALUES: Y YES 7.2 996 1002 N PROV3265 OTHER - CONTRACT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 16 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES UNDER CONTRACT TO THE FACILITY.

COBOL NAME: NUM-OTH-CONTRACT

LEN START END TYPE SAS NAME SHORT DESCRIPTION

7.2 1003 1009 N PROV3245 OTHER - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A

FULL-TIME BASIS.

COBOL NAME: NUM-OTH-FULL-TIME

OTHER - PART TIME 7.2 1010 1016 N PROV3255

THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A PART-TIME BASIS.

COBOL NAME: NUM-OTH-PART-TIME

OTHER ACTIVITIES STAFF-CONTRACT 7.2 1017 1023 N PROV5270

NUMBER OF CONTRACT STAFF HOURS FOR OTHER ACTIVITIES.

COBOL NAME: NUM-OTH-ACT-CONTRACT

OTHER ACTIVITIES STAFF-FULL TIME 7.2 1024 1030 N PROV5260 NUMBER OF FULL-TIME STAFF HOURS FOR OTHER ACTIVITIES.

COBOL NAME: NUM-OTH-ACT-FULL-TIME

OTHER ACTIVITIES STAFF-PART TIME 7.2 1031 1037 N PROV5305

NUMBER OF PART TIME STAFF HOURS PROVIDED BY OTHER ACTIV ITIES STAFF.

COBOL NAME: NUM-OTH-ACT-PART-TIME

OTHER PHYSICIAN - CONTRACT 7.2 1038 1044 N PROV1060

THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS

UNDER CONTRACT TO A FACILITY

COBOL NAME: NUM-OTH-PHY-CONTRACT

OTHER PHYSICIAN - FULL TIME 7.2 1045 1051 N PROV1065

THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS

EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-OTH-PHY-FULL-TIME

7.2 1052 1058 N PROV1070 OTHER PHYSICIAN - PART TIME

THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS

EMPLOYED BY A FACILITY ON A PART TIME BASIS.

EMPLOYED BY A FACILITY ON THE COBOL NAME: NUM-OTH-PHY-PART-TIME

7.2 1059 1065 N PROV5300 OTHR SOCIAL SERV STAFF-CONTRACT

NUMBER OF CONTRACT STAFF HOURS PROVIDED BY OTHER SOCIAL

SERVICES STAFF.

COBOL NAME: NUM-OTH-SOC-CONTRACT

7.2 1066 1072 N PROV5290 OTHR SOCIAL SERV STAFF-FULL TIME

NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY OTHER SOCIA

L SERVICES STAFF.

COBOL NAME: NUM-OTH-SOC-FULL-TIME

7.2 1073 1079 N PROV5295 OTHR SOCIAL SERV STAFF-PART TIME

NUMBER OF PART-TIME STAFF HOURS PROVIDED BY OTHER SOCIA

L SERVICES STAFF.

COBOL NAME: NUM-OTH-SOC-PART-TIME

7.2 1080 1086 N PROV1085 PHARMACISTS - CONTRACT

THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS UNDER

CONTRACT TO A FACILITY.

COBOL NAME: NUM-PHAR-CONTRACT

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LEN START END TYPE SAS NAME SHORT DESCRIPTION

7.2 1087 1093 N PROV1090 PHARMACISTS - FULL TIME

THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-PHAR-FULL-TIME

PHARMACISTS - PART TIME 7.2 1094 1100 N PROV1095

THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED

BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-PHAR-PART-TIME

PHYS THER ASST - CONTRACT 7.2 1101 1107 N PROV5210

NUMBER OF CONTRACT STAFF HOURS FOR PHYSICAL THERAPY ASS

ISTANTS.

COBOL NAME: NUM-THER-ASST-CONTRACT

PHYS THER ASST - FULL TIME 7.2 1108 1114 N PROV5200

NUMBER OF FULL-TIME STAFF HOURS FOR PHYSICAL THERAPY AS

SISTANTS.

COBOL NAME: NUM-THER-ASST-FULL-TIME

PHYS THER ASST - PART TIME 7.2 1115 1121 N PROV5205

NUMBER OF PART-TIME STAFF HOURS FOR PHYSICAL THERAPY AS

SISTANTS.

COBOL NAME: NUM-THER-ASST-PART-TIME

COBOL NAME: NUM-THER-ASST-PART-TIME
PHYSICAL THERAPISTS - CONTRACT 7.2 1122 1128 N PROV1430

THE NUMBER OF FULL-TIME EOUIVALENT PHYSICAL THERAPISTS

UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-THER-CONTRACT

7.2 1129 1135 N PROV1435 PHYSICAL THERAPISTS - FULL TIME

THE NUMBER OF FULL TIME EQUIVALENT PHYSICAL THERAPISTS

EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-THER-FULL-TIME

PHYSICAL THERAPISTS - PART TIME 7.2 1136 1142 N PROV1440

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS

EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-THER-PART-TIME

7.2 1143 1149 N PROV1415 PHYSICAL THERAPY AIDE - CONTRACT

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY

AIDE UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-THER-AID-CONTRACT

PHYSICAL THERAPY AIDE - FULL TIME 7.2 1150 1156 N PROV1420

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY

AIDE EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-THER-AID-FULL-TIME

PHYSICAL THERAPY AIDE - PART TIME 7.2 1157 1163 N PROV1425

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY

AIDE EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-THER-AID-PART-TIME

PHYSICIAN EXTENDER - CONTRACT 7.2 1164 1170 N PROV3270

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS

UNDER CONTRACT TO THE FACILITY.

COBOL NAME: NUM-PHYS-EXT-CONTRACT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

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7.2 1171 1177 N PROV3250 PHYSICIAN EXTENDER - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS. COBOL NAME: NUM-PHYS-EXT-FULL-TIME PHYSICIAN EXTENDER - PART TIME 7.2 1178 1184 N PROV3260 THE NUMBER OF FULL-TIME EOUIVALENT PHYSICIAN EXTENDERS EMPLOYED BY THE FACILITY ON A PART-TIME BASIS. COBOL NAME: NUM-PHYS-EXT-PART-TIME PODIATRISTS - CONTRACT 7.2 1185 1191 N PROV1130 THE NUMBER OF FULL TIME EQUIVALENT PODIATRISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-POD-CONTRACT PODIATRISTS - FULL TIME 7.2 1192 1198 N PROV1135 THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED BY A AFCILITY ON A FULL TIME BASIS. COBOL NAME: NUM-POD-FULL-TIME PODIATRISTS - PART TIME 7.2 1199 1205 N PROV1140 THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-POD-PART-TIME 1206 1206 C PROV1675 PROVIDER BASED FACILITY 1 INDICATES IF A LONG TERM CARE FACILITY IS PROVIDER COBOL NAME: PROV-BASED-FACILITY VALUES: Y HOSPITAL BASED REGISTERED NURSE - CONTRACT 7.2 1207 1213 N PROV1150 THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-REG-NURSE-CONTRACT REGISTERED NURSE - FULL TIME 7.2 1214 1220 N PROV1155 THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-REG-NURSE-FULL-TIME REGISTERED NURSE - PART TIME 7.2 1221 1227 N PROV1160 THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-REG-NURSE-PART-TIME 1228 1237 C PROV1755 RELATED PROVIDER NUMBER 10 THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE. COBOL NAME: RELATED-PROV-NUM RESCIND SUSPENSION DATE 8 1238 1245 C PROV1825 DATE THAT THE SUPENSION OF PAYMENTS FOR NEW ADMISSIONS TO A LONG TERM CARE FACILITY (LTC) IS RESCINDED. COBOL NAME: RESC-SUSP-DT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

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RN DIRECTOR OF NURSING - CONTRACT 7.2 1246 1252 N PROV5130 THE NUMBER OF FULL TIME EQUIVALENT RN DIRECTOR OF NURSI NG UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-RN-DON-CONTRACT RN DIRECTOR OF NURSING - FULL TIME 7.2 1253 1259 N PROV5120 THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-RN-DON-FULL-TIME RN DIRECTOR OF NURSING - PART TIME 7.2 1260 1266 N PROV5140 THE NUMBER OF FULL-TIME EOUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-RN-DON-PART-TIME SOCIAL WORKER - CONTRACT 7.2 1267 1273 N PROV1170 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-SOCIAL-CONTRACT SOCIAL WORKER - FULL TIME 7.2 1274 1280 N PROV1175 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-SOCIAL-FULL-TIME 7.2 1281 1287 N PROV1180 SOCIAL WORKER - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-SOCIAL-PART-TIME 3 1288 1290 N PROV0725 SPECIAL CARE BEDS-AIDS THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH AIDS. COBOL NAME: NUM-AIDS-BEDS 3 1291 1293 N PROV0730 SPECIAL CARE BEDS-ALZHEIMERS THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH ALZEHEIMERS. COBOL NAME: NUM-ALZHEIMERS-BEDS 1294 1296 N PROV0800 SPECIAL CARE BEDS-DIALYSIS THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS NEEDING DIALYSIS. COBOL NAME: NUM-DIAL-BEDS 3 1297 1299 N PROV0855 SPECIAL CARE BEDS-DISABLED CHILD THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR DEISCABLED CHILDREN. COBOL NAME: NUM-DIS-CHILD-BEDS SPECIAL CARE BEDS-HEAD TRAUMA 3 1300 1302 N PROV0905 THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILTY FOR RESIDENTS WITH HEAD TRAUMA. COBOL NAME: NUM-HEAD-TRAUMA-BEDS 3 1303 1305 N PROV0920 SPECIAL CARE BEDS-HOSPICE THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY A FACILITY FOR RESIDENTS NEEDING HOSPICE SERVICES. COBOL NAME: NUM-HOSPICE-BEDS \* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 20

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SPECIAL CARE BEDS-HUNTINGTONS 3 1306 1308 N PROV0940

LEN START END TYPE SAS NAME

SHORT DESCRIPTION

THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH HUNTINGTON'S DISEASE

COBOL NAME: NUM-HUNTING-DIS-BEDS

SPECIAL CARE BEDS-SPEC REHAB 3 1309 1311 N PROV1205

THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH SPECIALIZED REHAB

COBOL NAME: NUM-SPEC-REHAB-BEDS

SPECIAL CARE BEDS-VENTILATOR 3 1312 1314 N PROV1460

THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH VENTILATOR/

RESIPIRATORY CARE NEEDS.

COBOL NAME: NUM-VENT-RESP-BEDS

SPEECH PATHOLOGIST - CONTRACT 7.2 1315 1321 N PROV1190

THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS

UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-SPCH-PATH-CONTRACT

SPEECH PATHOLOGIST - FULL TIME 7.2 1322 1328 N PROV1195

THE NUMBER OF FULL-TIME EQUIVALENT SPPECH PATHOLOGISTS

EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-SPCH-PATH-FULL-TIME

SPEECH PATHOLOGIST - PART TIME 7.2 1329 1335 N PROV1200

THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS

EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-SPCH-PATH-PART-TIME

SRV: ACTIVITIES-OFFSITE-RESIDENTS 1 1336 1336 C PROV3390

INDICATES IF ACTIVITIES SERVICES ARE PROVIDED OFFSITE

TO RESIDENTS.

COBOL NAME: SP-ACT-THER-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: ACTIVITIES-ONSITE-NON RES 1 1337 1337 C PROV3385

INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE

TO NONRESIDENTS.

COBOL NAME: SP-ACT-THER-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: ACTIVITIES-ONSITE-RESIDENTS 1 1338 1338 C PROV3380

INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-ACT-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

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SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: BLOOD ADMIN-OFFSITE-RESIDENTS 1 1339 1339 C PROV3525 INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD

SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-ADM-BLOOD-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-ONSITE-NONRES 1 1340 C PROV3520

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.

COBOL NAME: SP-ADM-BLOOD-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-ONSITE-RESIDENTS 1 1341 C PROV3515

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD

SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-ADM-BLOOD-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-OFFSITE-RESIDENT 1 1342 1342 C PROV3495

INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-CLIN-LAB-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-ONSITE-NON RES 1 1343 1343 C PROV3490

INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-CLIN-LAB-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-ONSITE-RESIDENTS 1 1344 1344 C PROV3485

INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-CLIN-LAB-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: DENTAL-OFFSITE-RESIDENTS 1 1345 C PROV3435

INDICATES IF DENTAL SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-DENTAL-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 22

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: DENTAL-ONSITE-NON RESIDENTS 1 1346 C PROV3430

INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-DENTAL-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: DENTAL-ONSITE-RESIDENTS 1 1347 C PROV3425

INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-DENTAL-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: DIETARY-OFFSITE-RESIDENTS 1 1348 C PROV3345

INDICATES IF DIETARY SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-DIETARY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: DIETARY-ONSITE-NON RESIDENTS 1 1349 C PROV3340

INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-DIETARY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: DIETARY-ONSITE-RESIDENTS 1 1350 1350 C PROV3335

INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-DIETARY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING ONSITE-NON RES 1 1351 1351 C PROV3535

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-HOUSE-KP-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING-OFFSITE-RES 1 1352 1352 C PROV3540

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED OFFSITE

TO RESIDENTS.

COBOL NAME: SP-HOUSE-KP-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 23

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: HOUSEKEEPING-ONSITE-RESIDENTS 1 1353 1353 C PROV3530

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-HOUSE-KP-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-OFFSITE-RES 1 1354 1354 C PROV3465

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-MEN-HLTH-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-ONSITE-NON RES 1 1355 C PROV3460

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-MEN-HLTH-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-ONSITE-RESID 1 1356 1356 C PROV3455

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-MEN-HLTH-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: NURSING-OFFSITE-RESIDENTS 1 1357 1357 C PROV3315

INDICATES IF NURSING SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-NURSING-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: NURSING-ONSITE-NON RESIDENTS 1 1358 1358 C PROV3310

INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-NURSING-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: NURSING-ONSITE-RESIDENTS 1 1359 C PROV3305

INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-NURSING-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 24

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: OCCUP THER-OFFSITE-RESIDENTS 1 1360 1360 C PROV3360

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-OCC-THER-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y

SRV: OCCUP THER-ONSITE-NON RESID 1 1361 1361 C PROV3355

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-OCC-THER-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-RESIDENTS 1 1362 1362 C PROV3350

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-OCC-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-OFFSITE TO RES 1 1363 1363 C PROV5255

FIELD 3 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY

STAFF OFFSITE TO RESIDENTS.

COBOL NAME: SP-OTH-ACT-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-ONSITE NONRES 1 1364 1364 C PROV5250

FIELD 2 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY

STAFF ONSITE TO NONRESIDENTS.

COBOL NAME: SP-OTH-ACT-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-ONSITE RES 1 1365 1365 C PROV5245

FIELD 1 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY

STAFF ONSITE TO RESIDENTS.

COBOL NAME: SP-OTH-ACT-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-OFFSITE TO RES 1 1366 1366 C PROV5285

FIELD 3 - INDICATES SERVICES PROVIDED BY OTHER SOCIAL S

ERVICES STAFF OFFSITE TO RESIDENTS.

COBOL NAME: SP-OTH-SOC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 25

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: OTH SOC SRV-ONSITE TO NONRES 1 1367 C PROV5280

INDICATES IF OTHER SOCIAL SERVICES ARE PROVIDED ONSITE

TO NONRESIDENTS.

COBOL NAME: SP-OTH-SOC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-ONSITE TO RES 1 1368 1368 C PROV5275

FIELD 1 - INDICATES SERVICES PROVIDED BY SOCIAL SERVICE

S STAFF ONSITE TO RESIDENTS. COBOL NAME: SP-OTH-SOC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHARMACY-OFFSITE-RESIDENTS 1 1369 1369 C PROV3330

INDICATES IF PHARMACY SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-PHARMACY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHARMACY-ONSITE-NON RESIDENTS 1 1370 1370 C PROV3325

INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-PHARMACY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHARMACY-ONSITE-RESIDENTS 1 1371 1371 C PROV3320

INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-PHARMACY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-OFFSITE-RESID 1 1372 1372 C PROV3300

INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-EXT-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-ONSITE-NON RES 1 1373 1373 C PROV3295

INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-PHYS-EXT-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 26

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: PHYS EXTENDER-ONSITE-RESIDENT 1 1374 1374 C PROV3290

INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-EXT-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS THER-OFFSITE-RESIDENTS 1 1375 C PROV3375

INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-THER-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS THER-ONSITE-NON RESIDENT 1 1376 1376 C PROV3370

INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-PHYS-THER-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS THER-ONSITE-RESIDENTS 1 1377 1377 C PROV3365

INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYSICIAN-OFFSITE-RESIDENTS 1 1378 1378 C PROV3285

INDICATES IF PHYSICIAN SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-PHYS-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYSICIAN-ONSITE-NON RESIDENT 1 1379 1379 C PROV3280

INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-PHYS-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYSICIAN-ONSITE-RESIDENTS 1 1380 1380 C PROV3275

INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-PHYS-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 27

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: PODIATRY-OFFSITE-RESIDENTS 1 1381 1381 C PROV3450

INDICATES IF PODIATRY SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-PODIATRY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PODIATRY-ONSITE-NON RESIDENTS 1 1382 1382 C PROV3445

INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-PODIATRY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PODIATRY-ONSITE-RESIDENTS 1 1383 C PROV3440

INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-PODIATRY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-OFFSITE-RESIDENTS 1 1384 1384 C PROV3405

INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED OFFSITE

TO RESIDENTS.

COBOL NAME: SP-MED-SOC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-ONSITE-NON RESID 1 1385 C PROV3400

INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-MED-SOC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-ONSITE-RESIDENTS 1 1386 C PROV3395

INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-MED-SOC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SPEECH PATH-OFFSITE-RESIDEN 1 1387 1387 C PROV3420

INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE

PROVIDED OFFSITE TO RESIDENTS.
COBOL NAME: SP-SPEECH-PH-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 28

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: SPEECH PATH-ONSITE-NON RESID 1 1388 1388 C PROV3415

INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE

PROVIDED ONSITE TO NON RESIDENTS.

COBOL NAME: SP-SPEECH-PH-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SPEECH PATH-ONSITE-RESIDENTS 1 1389 1389 C PROV3410

INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE

PROVIDED ONSITE TO RESIDENTS.
COBOL NAME: SP-SPEECH-PH-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: THER REC SPEC-OFFSITE TO RES 1 1390 1390 C PROV5225

INDICATES IF THERAPEUTIC RECRECATION SPECIALIST SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-THER-REC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: THER REC SPEC-ONSITE-NONRES 1 1391 C PROV5220

INDICATES IF THERAPEUTIC RECREATION SPECIALIST SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.

COBOL NAME: SP-THER-REC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: THER REC SPEC-ONSITE-RESIDENT 1 1392 1392 C PROV5215

INDICATES IF THERAPEUTIC RECREATION SPECIALIST SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-THER-REC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: VOCATIONAL-OFFSITE-RESIDENTS 1 1393 1393 C PROV3480

INDICATES IF VOCATIONAL SERVICES ARE PROVIDED OFFSITE

TO RESIDENTS.

COBOL NAME: SP-VOC-GUID-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: VOCATIONAL-ONSITE-NON RESID 1 1394 1394 C PROV3475

INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-VOC-GUID-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 29

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: VOCATIONAL-ONSITE-RESIDENTS 1 1395 1395 C PROV3470

INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-VOC-GUID-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: XRAY-OFFSITE-RESIDENTS 1 1396 1396 C PROV3510

INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: XRAY-ONSITE-NON RESIDENTS 1 1397 C PROV3505

INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: XRAY-ONSITE-RESIDENTS 1 1398 1398 C PROV3500

INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

THER REC SPEC - CONTRACT 7.2 1399 1405 N PROV5240

NUMBER OF CONTRACT STAFF HOURS PROVIDED BY THERAPEUTIC

RECREATION SPECIALIST.

COBOL NAME: NUM-THER-REC-CONTRACT

THER REC SPEC - FULL TIME 7.2 1406 1412 N PROV5230

NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY THERAPEUTIC

RECREATION SPECIALIST.

COBOL NAME: NUM-THER-REC-FULL-TIME

THER REC SPEC - PART TIME 7.2 1413 1419 N PROV5235

NUMBER OF PART-TIME STAFF HOURS PROVIDED BY THERAPEUTIC

RECREATION SPECIALIST.

COBOL NAME: NUM-THER-REC-PART-TIME

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 1

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CATEGORY - SUBTYPE OF PROVIDER 2 1 2 C PROV0085

A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED

NURSING FACILITIES AND HOSPITALS.

COBOL NAME: CATEGORY-SUBTYPE-IND

VALUES: 01 TITLE 18 ONLY

CATEGORY OF PROVIDER/SUPPLIER 2 3 4 C PROV0075

IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE

PROVIDER OR SUPPLIER.

COBOL NAME: CATEGORY

VALUES: 04 SKILLED NURSING FACILITIES

CHANGE OF OWNERSHIP COUNTER	2	5	6	N	PROV0095
THE NUMBER OF TIMES A CHANGE OF OWNERSHI	P (CHO	W) HAS			
TAKEN PLACE FOR A PARTICULAR PROVIDER.					
COBOL NAME: CHOW-CNT					
CHANGE OF OWNERSHIP DATE	8	7	14	C	PROV0100
EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.					
COBOL NAME: CHOW-DT					
CITY	28	15	42	C	PROV3225
CITY IN WHICH THE PROVIDER IS PHYSICALLY	LOCAT	ED.			
COBOL NAME: CITY					
COMPLIANCE: PLAN OF CORRECTION	1	43	43	C	PROV0220
INDICATES IF A PROVIDER IS IN COMPLIANCE	WITH	PROGRAM	I		
REQUIREMENTS BASED ON AN ACCEPTABLE PLAN	FOR C	ORRECTI	ON		
OF DEFICIENCIES.					
COBOL NAME: COMPL-ACCEPT-PLAN-COR					
VALUES: 1 COMPLIANCE	BASED	ON ACC	CEPTAI	BLE P	OC
COMPLIANCE: STATUS	1	44	44	C	PROV2715
	_			_	110072713
INDICATES IF A PROVIDER OR SUPPLIER IS I	_			Ü	11002713
INDICATES IF A PROVIDER OR SUPPLIER IS I WITH PROGRAM REQUIREMENTS.	_			C	11002713
	_			C	11002713
WITH PROGRAM REQUIREMENTS.	N COMP			C	TROVZ/13
WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL	OMPI	LIANCE		C	11002713
WITH PROGRAM REQUIREMENTS.  COBOL NAME: STATUS-COMPL  VALUES: A IN COMPLIA	OMPI	LIANCE		C	TROVZ/IS
WITH PROGRAM REQUIREMENTS.  COBOL NAME: STATUS-COMPL  VALUES: A IN COMPLIA	OMPI	LIANCE	47		
WITH PROGRAM REQUIREMENTS.  COBOL NAME: STATUS-COMPL  VALUES: A IN COMPLIA  B NOT IN COM	EN COMPI	LIANCE E 45			
WITH PROGRAM REQUIREMENTS.  COBOL NAME: STATUS-COMPL  VALUES: A IN COMPLIA  B NOT IN COM  COUNTY CODE	EN COMPI	LIANCE E 45			
WITH PROGRAM REQUIREMENTS.  COBOL NAME: STATUS-COMPL  VALUES: A IN COMPLIA  B NOT IN COM  COUNTY CODE  SSA GEOGRAPHIC CODE INDICATING COUNTY WE	EN COMPI	LIANCE E 45			
WITH PROGRAM REQUIREMENTS.  COBOL NAME: STATUS-COMPL  VALUES: A IN COMPLIA  B NOT IN COM  COUNTY CODE  SSA GEOGRAPHIC CODE INDICATING COUNTY WE IS LOCATED.	EN COMPI	LIANCE E 45		С	PROV2695
WITH PROGRAM REQUIREMENTS.  COBOL NAME: STATUS-COMPL  VALUES: A IN COMPLIA  B NOT IN COM  COUNTY CODE  SSA GEOGRAPHIC CODE INDICATING COUNTY WE IS LOCATED.  COBOL NAME: SSA-COUNTY	IN COMPI	LIANCE  E  45 CILITY  48	47	С	PROV2695
WITH PROGRAM REQUIREMENTS.  COBOL NAME: STATUS-COMPL  VALUES: A IN COMPLIA  B NOT IN COM  COUNTY CODE  SSA GEOGRAPHIC CODE INDICATING COUNTY WE IS LOCATED.  COBOL NAME: SSA-COUNTY  CROSS REFERENCE PROVIDER NUMBER	IN COMPI	LIANCE  E  45 CILITY  48	47	С	PROV2695
WITH PROGRAM REQUIREMENTS.  COBOL NAME: STATUS-COMPL  VALUES: A IN COMPLIA  B NOT IN COM  COUNTY CODE  SSA GEOGRAPHIC CODE INDICATING COUNTY WE IS LOCATED.  COBOL NAME: SSA-COUNTY  CROSS REFERENCE PROVIDER NUMBER  NUMBER PREVIOUSLY ASSIGNED TO A PARTICUL	IN COMPI	LIANCE  E  45 CILITY  48	47	С	PROV2695 PROV0300
WITH PROGRAM REQUIREMENTS.  COBOL NAME: STATUS-COMPL  VALUES: A IN COMPLIA  B NOT IN COM  COUNTY CODE  SSA GEOGRAPHIC CODE INDICATING COUNTY WE IS LOCATED.  COBOL NAME: SSA-COUNTY  CROSS REFERENCE PROVIDER NUMBER  NUMBER PREVIOUSLY ASSIGNED TO A PARTICUL  COBOL NAME: CROSS-REF-PROV-NUM	IN COMPI	E  45 CILITY  48 VIDER.	<b>4</b> 7	С	PROV2695 PROV0300
WITH PROGRAM REQUIREMENTS.  COBOL NAME: STATUS-COMPL  VALUES: A IN COMPLIA  B NOT IN COM  COUNTY CODE  SSA GEOGRAPHIC CODE INDICATING COUNTY WE IS LOCATED.  COBOL NAME: SSA-COUNTY  CROSS REFERENCE PROVIDER NUMBER  NUMBER PREVIOUSLY ASSIGNED TO A PARTICUL  COBOL NAME: CROSS-REF-PROV-NUM  CURRENT FMS SURVEY DATE	IN COMPI	E  45 CILITY  48 VIDER.	<b>4</b> 7	С	PROV2695 PROV0300
WITH PROGRAM REQUIREMENTS.  COBOL NAME: STATUS-COMPL  VALUES: A IN COMPLIA  B NOT IN COM  COUNTY CODE  SSA GEOGRAPHIC CODE INDICATING COUNTY WE IS LOCATED.  COBOL NAME: SSA-COUNTY  CROSS REFERENCE PROVIDER NUMBER  NUMBER PREVIOUSLY ASSIGNED TO A PARTICUL  COBOL NAME: CROSS-REF-PROV-NUM  CURRENT FMS SURVEY DATE  CURRENT FMS SURVEY DATE	IN COMPI	E  45 CILITY  48 VIDER.	<b>4</b> 7	С	PROV2695 PROV0300

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 66 73 C PROV2740 CURRENT SURVEY DATE 8 THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER. COBOL NAME: SURVEY-DT-1 74 74 C PROV0455 ELIGIBILITY CODE INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE
2 NOT ELIGIBLE TO PARTICIPATE

50 75 124 C PROV0475 FACILITY NAME

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO

PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

5 125 129 C PROV0605 INTERMEDIARY NUMBER

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER

SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

COROT NA	ME. INTER-CARRIER-NUM	
VALUES:	00010	BLUE CROSS (ALABAMA)
	00011	CAHABA
	00020	BLUE CROSS (ARKANSAS)
	00030	BLUE CROSS (ARIZONA)
	00040	BLUE CROSS (CALIFORNIA)
	00060	BLUE CROSS (CONNECTICUT)
	00070	BLUE CROSS (DELAWARE)
	00090	BLUE CROSS (FLORIDA)
	00101	BLUE CROSS (GEORGIA)
	00121	HEALTH CARE SERVICE CORPORATION
	00122	HCSC - MICHIGAN
	00123	HCSC OF MICHIGAN
	00130	BLUE CROSS (INDIANA)
	00131	ADMINISTAR FEDERAL (CHICAGO)
	00140	BLUE CROSS (IOWA/SOUTH DAKOTA)
	00150	BLUE CROSS (KANSAS)
	00160	BLUE CROSS (KENTUCKY)
	00180	BLUE CROSS (MAINE)
	00190	BLUE CROSS (MARYLAND)
	00200	BLUE CROSS (MASSACHUSETTS)
	00210	BLUE CROSS (MICHIGAN)
	00220	BLUE CROSS (MINNESOTA)
	00230	BLUE CROSS (MISSISSIPPI)
	00231	BLUE CROSS (LOUISIANA)
	00241	BLUE CROSS (MISSOURI)
	00250	BLUE CROSS (MONTANA)
	00260	BLUE CROSS (NEBRASKA)
	00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

PAGE: 3 1DATE: 04/03/2006 POS RECORD LAYOUT

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

DRIBBB NORDING THEIBITE	CATEGORY - 01 (DEE TODITIONS 5 1)
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
00280	BLUE CROSS (NEW JERSEY)
00290	BLUE CROSS (NEW MEXICO)
00308	BLUE CROSS (EMPIRE)
00310	BLUE CROSS (NORTH CAROLINA)
00320	BLUE CROSS (NORTH DAKOTA)
00332	COMMUNITY MUTUAL INSURANCE CO
00340	BLUE CROSS (OKLAHOMA)
00350	BLUE CROSS (OREGON)
00351	BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362	BLUE CROSS (INDEPENDENCE)
00363	BLUE CROSS (WESTERN PENNSYLVANIA)
00366	HIGHMARK MEDICARE SERVICES
00370	BLUE CROSS (RHODE ISLAND)

00380 00390 00400	BLUE CROSS (SOUTH CAROLINA) BLUE CROSS (TENNESSEE) BLUE CROSS (TEXAS)
00410	BLUE CROSS (UTAH)
00423	BLUE CROSS (VIRGINIA/WEST VA)
00430	BLUE CROSS (WASHINGTON & ALASKA)
00450	BLUE CROSS (WISCONSIN)
00452	UNITED GOVT SERVICES
00454	USG CALIFORNIA
00460	BLUE CROSS (WYOMING)
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00511	САНАВА
00883	PALMETTO
00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN
01390	AETNA (WASHINGTON)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERITAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 4 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 15 130 144 C PROV0655 MEDICARE OR MEDICAID VENDOR NUMBER A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM 8 145 152 C PROV1565 PARTICIPATION DATE THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT PRIOR CHANGE OF OWNERSHIP 8 153 160 C PROV1615 THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT 5 161 165 C PROV1620 PRIOR INTERMEDIARY NUMBER

A PREVIOUS INTERMEDIARY NUMBER.WHEN

COBOL NAME: PRIOR-INTER-CARRIER-NUM

PROVIDER NUMBER 10 166 175 C PROV1680

A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS ASSIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.

COBOL NAME: PROV-NUM

RECORD TYPE 1 176 C PROV1720

THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.

COBOL NAME: RECORD-TYPE

VALUES: A ACCEPTED
P PENDING
W WORK

REGION CODE 2 177 178 C PROV1725

THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE

STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES: 01 I BOSTON 02 II NEW YORK III PHILADELPHIA 03 04 IV ATLANTA 05 V CHICAGO VI DALLAS 06 07 VII KANSAS CITY VIII DENVER 0.8 09 IX SAN FRANCISCO 10 X SEATTLE

SKELETON RECORD INDICATOR 1 179 179 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE

FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES:

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 5

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

Y YES

STATE ABBREVIATION 2 180 181 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES: AK ALASKA
AL ALABAMA
AR ARKANSAS

AS AMERICAN SAMOA

AZ ARIZONA
CA CALIFORNIA
CN CANADA
CO COLORADO
CT CONNECTICUT

DC DISTRICT OF COLUMBIA

DE	DELAWARE
FL	FLORIDA
GA	GEORGIA
GU	GUAM
HI	HAWAII
IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 6

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

## SHORT DESCRIPTION LEN START END TYPE SAS NAME

PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT	VERMONT
WA	WASHINGTON
WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING

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STATE CODE (SSA) 2 182 183 C PROV2700
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TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS

LOCATED.

COBOL NAME: SSA-STATE

00202 1111							
VALUES:	01	ALABAMA					
	02	ALASKA					
	03	ARIZONA					
	04	ARKANSAS					
	05	CALIFORNIA					
	06	COLORADO					
	07	CONNECTICUT					
	08	DELAWARE					
	09	DISTRICT OF COLUMBIA					
	10	FLORIDA					
	11	GEORGIA					
	12	HAWAII					
	13	IDAHO					
	14	ILLINOIS					
	15	INDIANA					
	16	IOWA					
	17	KANSAS					
	18	KENTUCKY					
	19	LOUISIANA					
	20	MAINE					
	21	MARYLAND					
	22	MASSACHUSETTS					
	23	MICHIGAN					
	24	MINNESOTA					
	25	MISSISSIPPI					
	26	MISSOURI					
	27	MONTANA					
	28	NEBRASKA					

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 7

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

## SHORT DESCRIPTION LEN START END TYPE SAS NAME

29	NEVADA
30	NEW HAMPSHIRE
31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO
41	RHODE ISLAND
42	SOUTH CAROLINA
43	SOUTH DAKOTA
44	TENNESSEE
45	TEXAS

46 47 48 49 50 51 52 53 56 59 64 65 66	UTAH VERMONT VIRGIN ISLAN VIRGINIA WASHINGTON WEST VIRGINI WISCONSIN WYOMING CANADA MEXICO AMERICAN SAN GUAM SAIPAN	IA MOA				
STATE REGION CODE  FOR SELECTED STATES, IDENTIFI  WITHIN THE STATE WHERE THE FA  COBOL NAME: STATE-REGION-CD		CULAR			С	PROV2710
STREET ADDRESS  STREET ADDRESS OF A PROVIDER  PROVIDE MEDICARE AND/OR MEDIC  COBOL NAME: STREET-ADDRESS		IFIED	_	236	С	PROV2720
TELEPHONE NUMBER THE 10 DIGIT TELEPHONE NUMBER THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM	OF THE PRIMA	10 ARY C			С	PROV1605
TERMINATION CODE # 1 TERMINATION CODE #1, THE REAS TERMINATED FROM THE CLIA, MED PROGRAMS. COBOL NAME: TERM-CD-1 VALUES:			BEEN	248	С	PROV4770
* INDICATES THIS FIELD HAS BEEN A 1DATE: 04/03/2006 POS SKILLED NURSING FACILITIES	RECORD LAYOU	JT				PAGE: 8
SHORT DESCRIPTION	I	LEN :	START	END	TYPE	SAS NAME
00 01 02 03 04 05 06	ACTIVE VOL-MERG, CLC VOL-REIMBURS VOL-RISK INV VOL-OTHER INVOL-FAIL I INVOL-AGREEN OTH-STATUS (	SE VOL REQ MNT				
TERMINATION DATE/EXPIRATION DAT THE DATE THE LABORATORY'S CER THE EXPIRATION DATE OF THE CU FOR OTHER NON-CLIA PROVIDERS, FACILITY WAS TERMINATED. COBOL NAME: EXP-DT-1	TIFICATE TERN RRENT CLIA CH	ERTIF	ED OR ICATE.	256	С	PROV4500
TYPE OF ACTION  IDENTIFIES THE PURPOSE FOR WH  TRANSMITTAL FORM WAS PREPARED		1 IFICA'			С	PROV2880

COBOL NAME: TYPE-ACTION

VALUES: 1 INITIAL

2 RECERTIFICATION
3 TERMINATION

4 CHANGE OF OWNERSHIP

TYPE OF CONTROL 2 258 259 C PROV2885

INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES

A PROVIDER OF SERVICES.

COBOL NAME: TYPE-CONTROL

VALUES: 01 FOR PROFIT - INDIVIDUAL
02 FOR PROFIT - PARTNERSHIP
03 FOR PROFIT - CORPORATION
04 NONPROFIT - CHURCH RELATED
05 NONPROFIT - CORPORATION

06 NONPROFIT - OTHER
07 GOVERNMENT - STATE
08 GOVERNMENT - COUNTY
09 GOVERNMENT - CITY

10 GOVERNMENT - CITY/COUNTY

11 GOVERNMENT - HOSPITAL DISTRICT 12 GOVERNMENT - FEDERAL

ZIP CODE 5 260 264 C PROV2905

THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.

COBOL NAME: ZIP-CD

FIPS STATE CODE 2 265 266 C FIPSTATE

FIPS STATE CODE

COBOL NAME: WS-FIPS-STATE

FIPS COUNTY CODE 3 267 269 C FIPCNTY

FIPS COUNTY CODE

COBOL NAME: WS-FIPS-CNTY

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 9

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SSA MSA CODE 3 270 272 C SSAMSACD

SSA MSA CODE

COBOL NAME: WS-SSA-MSA-CD

SSA MSA SIZE CODE 1 273 273 C SSAMSASZ

SSA MSA SIZE CODE

COBOL NAME: WS-SSA-MSA-SIZE-CD

BEDS - TOTAL 4 291 294 N PROV0740

TOTAL NUMBER OF BEDS IN A FACILITY, INCLUDING THOSE

IN NON-PARTICIPATING OR NON-LICENSED AREAS.

COBOL NAME: NUM-BEDS

BEDS - TOTAL CERTIFIED 4 295 298 N PROV0755

NUMBER OF BEDS IN MEDICARE AND/OR MEDICAID CERTIFIED

AREAS WITHIN A FACILITY.

COBOL NAME: NUM-CERT-BEDS

COMPLIANCE: LIFE SAFETY CODE 1 356 356 C PROV0240

INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN

RECOMMENDED FOR A PROVIDER.

COBOL NAME: COMPL-LSC

VALUES: 1 WAIVER RECOMMENDED

359 359 C PROV0290 COMPLIANCE: 24 HR REGISTERED NURSE 1

INDICATES IF A WAIVER OF THE 24 HOUR REGISTERED NURSE

REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY.

COBOL NAME: COMPL-24-HR-RN

VALUES: 1 WAIVER RECOMMENDED

FISCAL YEAR ENDING DATE 378 381 C PROV0485

THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL

COBOL NAME: FISC-YR-END-DT

PROGRAM PARTICIPATION 1 434 434 C PROV1670

INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE,

MEDICAID, OR BOTH PROGRAMS.

COBOL NAME: PROG-PARTCI

VALUES: 1 MEDICARE ONLY

MEDICAID ONLY

MEDICARE AND MEDICAID

REGIONAL OVERRIDE #1 (NUMBER BEDS) 470 470 C PROV1545

THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE

ODIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-1

VALUES: Y RECORD HAS BEEN APPROVED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 10

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

REGIONAL OVERRIDE #2 (STAFFING) 1 471 471 C PROV1550

THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE

ODIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-2

VALUES: Y RECORD HAS BEEN APPROVED

ACTIVITY PROFESSIONAL - CONTRACT 7.2 596 602 N PROV0695

THE NUMBER OF FULL TIME EQUIVALENT ACTIVITIES PROFESSIONALS UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-ACT-THER-CONTRACT

7.2 603 609 N PROV0700 ACTIVITY PROFESSIONAL - FULL TIME

THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES

PROFESSIONALS EMPLOYED FULL TIME BY A FACILITY.

COBOL NAME: NUM-ACT-THER-FULL-TIME

7.2 610 616 N PROV0705 ACTIVITY PROFESSIONAL - PART TIME

THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES PROFESSIONALS EMPLOYED PART TIME BY A FACILITY.

COBOL NAME: NUM-ACT-THER-PART-TIME

7.2 617 623 N PROV0710 ADMINISTRATION - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-ADMN-CONTRACT 7.2 624 630 N PROV0715 ADMINISTRATOR - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF EMPLOYED ON A FULL TIME BASIS BY A FACILITY. COBOL NAME: NUM-ADMN-FULL-TIME ADMINISTRATOR - PART TIME 7.2 631 637 N PROV0720 THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF EMPLOYED ON A PART-TIME BASIS BY A FACILITY. COBOL NAME: NUM-ADMN-PART-TIME BEDS - MEDICARE SNF 4 638 641 N PROV1445 NUMBER OF MEDICARE CERTIFIED SNF BEDS IN A FACILITY. COBOL NAME: NUM-T18-SNF-BEDS BEDS - NURSING FACILITY 4 642 645 N PROV1455 NUMBER OF MEDICAID CERTIFIED SKILLED NURSING CARE BEDS IN A FACILITY. COBOL NAME: NUM-T19-SNF-BEDS BEDS - SNF/NF 646 649 N PROV1450 NUMBER OF BEDS CERTIFIED FOR BOTH MEDICARE AND MEDICAID SKILLED NURSING CARE IN A LONG TERM CARE FACILITY. COBOL NAME: NUM-T1819-SNF-BEDS 7.2 650 656 N PROV1000 CERT NURSE AIDES - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-NURSE-AID-CONTRACT \* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 11 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 7.2 657 663 N PROV1005 CERT NURSE AIDES - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-NURSE-AID-FULL-TIME CERT NURSE AIDES - PART TIME 7.2 664 670 N PROV1010 THE NUMBER OF FULL-TIME EOUIVALENT CERTIFIED NURSE AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-NURSE-AID-PART-TIME 1 671 671 C PROV0110 CHRISTIAN SCIENCE INDICATOR INDICATES IF A PROVIDER IS A CHRISTIAN SCIENCE FACILITY COBOL NAME: CHRISTIAN-SCIENCE-IND VALUES: Y CHRISTIAN SCIENCE 672 672 C PROV0225 1 COMPLIANCE: BEDS PER ROOM WAIVER INDICATES IF A WAIVER OF THE BEDS PER ROOM REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY. COBOL NAME: COMPL-BEDS-PER-ROOM VALUES: 1 WAIVER RECOMMENDED COMPLIANCE: PATIENT ROOM SIZE 1 673 673 C PROV0270 INDICATES IF A WAIVER OF PATIENT ROOM SIZE HAS BEEN

RECOMMENDED FOR A FACILITY.

COBOL NAME: COMPL-PATIENT-ROOM-SZ

VALUES: 1 WAIVER RECOMMENDED

COMPLIANCE: 7 DAY REGISTERED NURSE 1 674 674 C PROV0295

INDICATES IF A WAIVER OF THE 7 DAY REGISTERED NURSE

REQUIREMENTS HAS BEEN RECOMMENDED FOR A SNF OR NF.

COBOL NAME: COMPL-7-DAY-RN

VALUES: 1 WAIVER RECOMMENDED

DENTISTS - CONTRACT 7.2 675 681 N PROV0785

THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS UNDER

CONTRACT TO A FACILITY.

COBOL NAME: NUM-DENTIST-CONTRACT

DENTISTS - FULL TIME 7.2 682 688 N PROV0790

THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED

BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-DENTIST-FULL-TIME

DENTISTS - PART TIME 7.2 689 695 N PROV0795

THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED

BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-DENTIST-PART-TIME

DIETITIANS - CONTRACT 7.2 696 702 N PROV0805

THE NUMBER OF FULL-TIME EQUIVALENT UNDER CONTRACT TO

A FACILITY.

COBOL NAME: NUM-DIET-CONTRACT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 12

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

DIETITIANS - FULL TIME 7.2 703 709 N PROV0810

THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS

EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-DIET-FULL-TIME

DIETITIANS - PART TIME 7.2 710 716 N PROV0815

THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS EMPLOYED

BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-DIET-PART-TIME

EXPERIMENTAL RESEARCH CONDUCTED 1 717 717 C PROV0465

INDICATES IF A FACILITY USES RESIDENTS TO DEVELOP AND

TEST CLINICAL TREATMENTS.

COBOL NAME: EXPER-RESEARCH

VALUES: Y YES

FOOD SERVICE - CONTRACT 7.2 718 724 N PROV0860

THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE

PERSONNEL UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-FOOD-SRV-CONTRACT

FOOD SERVICE - FULL TIME 7.2 725 731 N PROV0865

THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE

PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-FOOD-SRV-FULL-TIME

FOOD SERVICE - PART TIME	7.2	732	738	N	PROV0870
THE NUMBER OF FULL-TIME EQUIVALENT FOO					
PERSONNEL EMPLOYED BY A FACILITY ON A		BASIS	3.		
COBOL NAME: NUM-FOOD-SRV-PART-TIME					
HOUSEKEEPING - CONTRACT	7.2	739	745	N	PROV0925
THE NUMBER OF FULL-TIME EQUIVALENT HOU	SEKEEPING				
PERSONNEL UNDER CONTRACT TO A FACILITY					
COBOL NAME: NUM-HOUSE-CONTRACT					
HOUSEKEEPING - FULL TIME	7.2	746	752	N	PROV0930
THE NUMBER OF FULL-TIME EQUIVALENT HOU	SEKEEPING				
PERSONNEL EMPLOYED BY A FACILITY ON A	FULL TIME	BASIS	3.		
COBOL NAME: NUM-HOUSE-FULL-TIME					
HOUSEKEEPING - PART TIME	7.2	753	759	N	PROV0935
THE NUMBER OF FULL-TIME EQUIVALENT HOU	SEKEEPING				
PERSONNEL EMPLOYED BY A FACILITY ON A	PART TIME	BASIS	3.		
COBOL NAME: NUM-HOUSE-PART-TIME					
LPN/LVN - CONTRACT	7.2	760	766	N	PROV1465
THE NUMBER OF FULL-TIME EQUIVALENT LIC	ENSED PRA	CTICAI	_/		
VOCATIONAL NURSES UNDER CONTRACT TO A	FACILITY.				
COBOL NAME: NUM-VOC-NURSE-CONTRACT					
LPN/LVN - FULL TIME	7.2	767	773	N	PROV1470
THE NUMBER OF FULL-TIME EQUIVALENT LIC	ENSED PRA	CTICAI	۱/		
VOCATIONAL NURSES EMPLOYED BY A FACILI	TY ON A F	ULL TI	ME		
BASIS.					
COBOL NAME: NUM-VOC-NURSE-FULL-TIME					
INDICATES THIS FIELD HAS BEEN ADDED OR C		NCE:	01/03	1/2006	5

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 13 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME LPN/LVN - PART TIME 7.2 774 780 N PROV1475 THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-VOC-NURSE-PART-TIME 781 786 C PROV0640 LTC CROSS REFERENCE PROVIDER # THIS CROSS REFERENCE NUMBER IDENTIFIES LTC PROVIDER NUMBERS THAT WERE TERMINATED IN 1985 BECAUSE OF POLICY CHANGES WHICH STATES THAT SNF/ICF DISTINCT PARTS OR DUA LLY CERTIFIED PORTIONS ARE ASSIGNED SINGLE SNF PROV NO. COBOL NAME: LTC-CROSS-REF-PROV-NUM MEDICAL DIRECTOR - CONTRACT 787 793 N PROV0960 7.2 THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS UNDER CONTRCAT TO A FACILITY. COBOL NAME: NUM-MED-CONTRACT 7.2 794 800 N MEDICAL DIRECTOR - FULL TIME PROV0965 THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-MED-FULL-TIME MEDICAL DIRECTOR - PART TIME 7.2 801 807 N PROV0970 THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-MED-PART-TIME

7.2 808 814 N PROV5180 MEDICATION AIDES/TECHS-CONTRACT THE NUMBER OF FULL-TIMR EQUIVALENT MEDICATION AIDES/ TECHNICIANS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-MED-AID-CONTRACT MEDICATION AIDES/TECHS-FULL TIME 7.2 815 821 N PROV5170 THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/ TECHNICIANS EMPLOYED BY A FACILITY ON A FULL TIME BASTS. COBOL NAME: NUM-MED-AID-FULL-TIME MEDICATION AIDES/TECHS-PART TIME 7.2 822 828 N PROV5175 THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/ TECHNICIANS EMPLOYED BYA FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-MED-AID-PART-TIME MENTAL HEALTH SERVICES - CONTRACT 7.2 829 835 N PROV0980 THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-MEN-HLTH-CONTRACT 7.2 836 842 N PROV0985 MENTAL HEALTH SERVICES - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-MEN-HLTH-FULL-TIME

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 POS RECORD LAYOUT 1DATE: 04/03/2006 PAGE: 14 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME MENTAL HEALTH SERVICES - PART TIME 7.2 843 849 N PROV0990 THE NUMBER OF FULL TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-MEN-HLTH-PART-TIME MULTI-FACILITY ORGANIZATION NAME 850 887 C PROV0680 38 THE NAME OF THE MULTI-FACILITY ORGANIZATION THAT OWNS THE FACILITY. COBOL NAME: NAME-MULT-FACL-ORG 1 888 888 C PROV0675 MULTI-FACILITY ORGANIZATION OWNED INDICATES IF A FACILITY IS OWNED BY AN ORGANIZATION THAT OWNS (OR LEASES) TWO OR MORE NURSING FACILITIES. COBOL NAME: MULT-FACL-ORG VALUES: Y YES NURSE AIDES IN TRNG - CONTRACT 7.2 889 895 N PROV5165 NUMBER OF FULL TIME EQUIVALENT NURSE AIDES IN TRAINING UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-AID-TRNG-CONTRACT 7.2 896 902 N PROV5155 NURSE AIDES IN TRNG-FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN

7.2 903 909 N PROV5160

TRAINING EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-AID-TRNG-FULL-TIME

NURSE AIDES IN TRNG-PART TIME

THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN TRAINING EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-AID-TRNG-PART-TIME

NURSES WITH ADMIN DUTIES-CONTRACT 7.2 910 916 N PROV5150

THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH

ADMINISTRATIVE DUTIES UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-NURSE-ADM-CONTRACT

NURSES WITH ADMIN DUTIES-FULL TIME 7.2 917 923 N PROV5135

THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH

ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A FULL

TIME BASIS.

COBOL NAME: NUM-NURSE-ADM-FULL-TIME

NURSES WITH ADMIN DUTIES-PART TIME 7.2 924 930 N PROV5145

NUMBER OF FULL-TIME EQUIVALENT NURSES WITH

ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A

PART TIME BASIS.

COBOL NAME: NUM-NURSE-ADM-PART-TIME

OCCUP THERAPY AIDE - CONTRACT 7.2 931 937 N PROV1020

THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL

THERAPY AIDES UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-OCC-AID-CONTRACT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 15

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

OCCUP THERAPY AIDE - FULL TIME 7.2 938 944 N PROV1025

THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY

AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-OCC-AID-FULL-TIME

OCCUP THERAPY AIDE - PART TIME 7.2 945 951 N PROV1030

THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY

AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-OCC-AID-PART-TIME

OCCUP THERAPY ASST - CONTRACT 7.2 952 958 N PROV5195

THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPY

ASSISTANTS UNDER CONTRCAT TO A FACILITY.

COBOL NAME: NUM-OCC-ASST-CONTRACT

OCCUP THERAPY ASST - FULL TIME 7.2 959 965 N PROV5185

THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY

ASSISTANTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-OCC-ASST-FULL-TIME

OCCUP THERAPY ASST - PART TIME 7.2 966 972 N PROV5190

THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY

ASSISTANTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-OCC-ASST-PART-TIME

OCCUPATIONAL THERAPIST - CONTRACT 7.2 973 979 N PROV1035

THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL

THERAPISTS UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-OCC-THER-CONTRACT

OCCUPATIONAL THERAPIST - FULL TIME 7.2 980 986 N PROV1040

THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL

THERAPISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-OCC-THER-FULL-TIME

OCCUPATIONAL THERAPIST - PART TIME 7.2 987 993 N PROV1045

THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL

THERAPISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-OCC-THER-PART-TIME

1 994 994 C PROV1535 ORGANIZED FAMILY GROUP

INDICATES IF THE FACILITY HAS AN ORGANIZED GROUP OF

FAMILY MEMBERS OF RESIDENTS.

COBOL NAME: ORG-FAMILY-GRP

VALUES: Y YES

ORGANIZED RESIDENT GROUP 1 995 995 C PROV1540

INDICATES IF THE FACILITY HAS AN ORGANIZED RESIDENTS

COBOL NAME: ORG-RESID-GRP

VALUES: Y YES

OTHER - CONTRACT 7.2 996 1002 N PROV3265

THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES UNDER CONTRACT TO THE FACILITY.

COBOL NAME: NUM-OTH-CONTRACT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

LEN START END TYPE SAS NAME SHORT DESCRIPTION

OTHER - FULL TIME 7.2 1003 1009 N PROV3245

THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS.

COBOL NAME: NUM-OTH-FULL-TIME

OTHER - PART TIME 7.2 1010 1016 N PROV3255

THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A

PART-TIME BASIS.

COBOL NAME: NUM-OTH-PART-TIME

OTHER ACTIVITIES STAFF-CONTRACT 7.2 1017 1023 N PROV5270

NUMBER OF CONTRACT STAFF HOURS FOR OTHER ACTIVITIES.

COBOL NAME: NUM-OTH-ACT-CONTRACT

7.2 1024 1030 N PROV5260 OTHER ACTIVITIES STAFF-FULL TIME

NUMBER OF FULL-TIME STAFF HOURS FOR OTHER ACTIVITIES.

COBOL NAME: NUM-OTH-ACT-FULL-TIME

OTHER ACTIVITIES STAFF-PART TIME 7.2 1031 1037 N PROV5305

NUMBER OF PART TIME STAFF HOURS PROVIDED BY OTHER ACTIV

ITIES STAFF.

COBOL NAME: NUM-OTH-ACT-PART-TIME

7.2 1038 1044 N PROV1060 OTHER PHYSICIAN - CONTRACT

THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS

UNDER CONTRACT TO A FACILITY

COBOL NAME: NUM-OTH-PHY-CONTRACT

OTHER PHYSICIAN - FULL TIME 7.2 1045 1051 N PROV1065

THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS

EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-OTH-PHY-FULL-TIME

OTHER PHYSICIAN - PART TIME 7.2 1052 1058 N PROV1070

THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS

EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-OTH-PHY-PART-TIME

OTHR SOCIAL SERV STAFF-CONTRACT 7.2 1059 1065 N PROV5300

NUMBER OF CONTRACT STAFF HOURS PROVIDED BY OTHER SOCIAL

SERVICES STAFF.

COBOL NAME: NUM-OTH-SOC-CONTRACT

OTHR SOCIAL SERV STAFF-FULL TIME 7.2 1066 1072 N PROV5290

NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY OTHER SOCIA

L SERVICES STAFF.

COBOL NAME: NUM-OTH-SOC-FULL-TIME

OTHR SOCIAL SERV STAFF-PART TIME 7.2 1073 1079 N PROV5295

NUMBER OF PART-TIME STAFF HOURS PROVIDED BY OTHER SOCIA

L SERVICES STAFF.

COBOL NAME: NUM-OTH-SOC-PART-TIME

PHARMACISTS - CONTRACT 7.2 1080 1086 N PROV1085

THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS UNDER

CONTRACT TO A FACILITY.

COBOL NAME: NUM-PHAR-CONTRACT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

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SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

PHARMACISTS - FULL TIME 7.2 1087 1093 N PROV1090

THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED

BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-PHAR-FULL-TIME

PHARMACISTS - PART TIME 7.2 1094 1100 N PROV1095

THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED

BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-PHAR-PART-TIME

PHYS THER ASST - CONTRACT 7.2 1101 1107 N PROV5210

NUMBER OF CONTRACT STAFF HOURS FOR PHYSICAL THERAPY ASS

ISTANTS.

COBOL NAME: NUM-THER-ASST-CONTRACT

PHYS THER ASST - FULL TIME 7.2 1108 1114 N PROV5200

NUMBER OF FULL-TIME STAFF HOURS FOR PHYSICAL THERAPY AS

SISTANTS.

COBOL NAME: NUM-THER-ASST-FULL-TIME

PHYS THER ASST - PART TIME 7.2 1115 1121 N PROV5205

NUMBER OF PART-TIME STAFF HOURS FOR PHYSICAL THERAPY AS

SISTANTS.

COBOL NAME: NUM-THER-ASST-PART-TIME

PHYSICAL THERAPISTS - CONTRACT 7.2 1122 1128 N PROV1430

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS

UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-THER-CONTRACT

PHYSICAL THERAPISTS - FULL TIME 7.2 1129 1135 N PROV1435

THE NUMBER OF FULL TIME EQUIVALENT PHYSICAL THERAPISTS

EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-THER-FULL-TIME

7.2 1136 1142 N PROV1440 PHYSICAL THERAPISTS - PART TIME

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS

EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-THER-PART-TIME

7.2 1143 1149 N PROV1415 PHYSICAL THERAPY AIDE - CONTRACT

THE NUMBER OF FULL-TIME EOUIVALENT PHYSICAL THERAPY

AIDE UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-THER-AID-CONTRACT
PHYSICAL THERAPY AIDE - FULL TIME 7.2 1150 1156 N PROV1420

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-THER-AID-FULL-TIME

PHYSICAL THERAPY AIDE - PART TIME 7.2 1157 1163 N PROV1425

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-THER-AID-PART-TIME

PHYSICIAN EXTENDER - CONTRACT 7.2 1164 1170 N PROV3270

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS

UNDER CONTRACT TO THE FACILITY.

COBOL NAME: NUM-PHYS-EXT-CONTRACT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 18

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

PHYSICIAN EXTENDER - FULL TIME 7.2 1171 1177 N PROV3250

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS

EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS.

COBOL NAME: NUM-PHYS-EXT-FULL-TIME
PHYSICIAN EXTENDER - PART TIME 7.2 1178 1184 N PROV3260

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS

EMPLOYED BY THE FACILITY ON A PART-TIME BASIS.

COBOL NAME: NUM-PHYS-EXT-PART-TIME

7.2 1185 1191 N PROV1130 PODIATRISTS - CONTRACT

THE NUMBER OF FULL TIME EQUIVALENT PODIATRISTS UNDER

CONTRACT TO A FACILITY.

COBOL NAME: NUM-POD-CONTRACT

7.2 1192 1198 N PROV1135 PODIATRISTS - FULL TIME

THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED

BY A AFCILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-POD-FULL-TIME

PODIATRISTS - PART TIME 7.2 1199 1205 N PROV1140

THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED

BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-POD-PART-TIME

1 1206 1206 C PROV1675 PROVIDER BASED FACILITY

INDICATES IF A LONG TERM CARE FACILITY IS PROVIDER

BASED.

COBOL NAME: PROV-BASED-FACILITY

VALUES: Y HOSPITAL BASED

REGISTERED NURSE - CONTRACT 7.2 1207 1213 N PROV1150

THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES

UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-REG-NURSE-CONTRACT

7.2 1214 1220 N PROV1155 REGISTERED NURSE - FULL TIME

THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES

EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-REG-NURSE-FULL-TIME

REGISTERED NURSE - PART TIME 7.2 1221 1227 N PROV1160

THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES

EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-REG-NURSE-PART-TIME

10 RELATED PROVIDER NUMBER 1228 1237 C PROV1755

THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS

MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH

DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD

WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.

COBOL NAME: RELATED-PROV-NUM

RESCIND SUSPENSION DATE 8 1238 1245 C PROV1825

DATE THAT THE SUPENSION OF PAYMENTS FOR NEW ADMISSIONS

TO A LONG TERM CARE FACILITY (LTC) IS RESCINDED.

COBOL NAME: RESC-SUSP-DT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

RN DIRECTOR OF NURSING - CONTRACT 7.2 1246 1252 N PROV5130

THE NUMBER OF FULL TIME EQUIVALENT RN DIRECTOR OF NURSI

NG UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-RN-DON-CONTRACT

7.2 1253 1259 N PROV5120 RN DIRECTOR OF NURSING - FULL TIME

THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF

NURSING EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-RN-DON-FULL-TIME

7.2 1260 1266 N PROV5140 RN DIRECTOR OF NURSING - PART TIME

THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF

NURSING EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-RN-DON-PART-TIME

7.2 1267 1273 N PROV1170 SOCIAL WORKER - CONTRACT

THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS

UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-SOCIAL-CONTRACT

7.2 1274 1280 N PROV1175 SOCIAL WORKER - FULL TIME

THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS

EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-SOCIAL-FULL-TIME

SOCIAL WORKER - PART TIME 7.2 1281 1287 N PROV1180

THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS

EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-SOCIAL-PART-TIME

3 1288 1290 N PROV0725 SPECIAL CARE BEDS-AIDS

THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED

BY THE FACILITY FOR RESIDENTS WITH AIDS.

COBOL NAME: NUM-AIDS-BEDS

3 1291 1293 N PROV0730 SPECIAL CARE BEDS-ALZHEIMERS

THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH ALZEHEIMERS.

COBOL NAME: NUM-ALZHEIMERS-BEDS

3 1294 1296 N PROV0800 SPECIAL CARE BEDS-DIALYSIS

THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED

BY THE FACILITY FOR RESIDENTS NEEDING DIALYSIS.

COBOL NAME: NUM-DIAL-BEDS

SPECIAL CARE BEDS-DISABLED CHILD 3 1297 1299 N PROV0855

THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED

BY THE FACILITY FOR DEISCABLED CHILDREN.

COBOL NAME: NUM-DIS-CHILD-BEDS

3 1300 1302 N PROV0905 SPECIAL CARE BEDS-HEAD TRAUMA

THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED

BY THE FACILTY FOR RESIDENTS WITH HEAD TRAUMA.

COBOL NAME: NUM-HEAD-TRAUMA-BEDS

SPECIAL CARE BEDS-HOSPICE 3 1303 1305 N PROV0920

THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY A FACILITY FOR RESIDENTS NEEDING HOSPICE SERVICES.

COBOL NAME: NUM-HOSPICE-BEDS

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

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SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

3 1306 1308 N PROV0940 SPECIAL CARE BEDS-HUNTINGTONS

THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED

BY THE FACILITY FOR RESIDENTS WITH HUNTINGTON'S DISEASE

BY THE FACILITY FOR RECIPION COBOL NAME: NUM-HUNTING-DIS-BEDS

TO COBOL DEHAR

3 1309 1311 N PROV1205 SPECIAL CARE BEDS-SPEC REHAB

THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH SPECIALIZED REHAB NEEDS.

COBOL NAME: NUM-SPEC-REHAB-BEDS

3 1312 1314 N PROV1460 SPECIAL CARE BEDS-VENTILATOR

THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED

BY THE FACILITY FOR RESIDENTS WITH VENTILATOR/

RESIPIRATORY CARE NEEDS.

COBOL NAME: NUM-VENT-RESP-BEDS

7.2 1315 1321 N PROV1190 SPEECH PATHOLOGIST - CONTRACT

THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS

UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-SPCH-PATH-CONTRACT

7.2 1322 1328 N PROV1195 SPEECH PATHOLOGIST - FULL TIME

THE NUMBER OF FULL-TIME EQUIVALENT SPPECH PATHOLOGISTS

EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-SPCH-PATH-FULL-TIME

SPEECH PATHOLOGIST - PART TIME 7.2 1329 1335 N PROV1200

THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS

EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-SPCH-PATH-PART-TIME

SRV: ACTIVITIES-OFFSITE-RESIDENTS 1 1336 1336 C PROV3390

INDICATES IF ACTIVITIES SERVICES ARE PROVIDED OFFSITE

TO RESIDENTS.

COBOL NAME: SP-ACT-THER-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: ACTIVITIES-ONSITE-NON RES 1 1337 1337 C PROV3385

INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE

TO NONRESIDENTS.

COBOL NAME: SP-ACT-THER-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: ACTIVITIES-ONSITE-RESIDENTS 1 1338 1338 C PROV3380

INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-ACT-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 21

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: BLOOD ADMIN-OFFSITE-RESIDENTS 1 1339 1339 C PROV3525

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD

SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-ADM-BLOOD-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-ONSITE-NONRES 1 1340 1340 C PROV3520

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.

COBOL NAME: SP-ADM-BLOOD-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-ONSITE-RESIDENTS 1 1341 1341 C PROV3515

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD

SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-ADM-BLOOD-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-OFFSITE-RESIDENT 1 1342 1342 C PROV3495

INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-CLIN-LAB-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-ONSITE-NON RES 1 1343 1343 C PROV3490

INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-CLIN-LAB-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED Y

SERVICE IS PROVIDED

SRV: CLINICAL LAB-ONSITE-RESIDENTS 1 1344 1344 C PROV3485

INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-CLIN-LAB-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

> Y SERVICE IS PROVIDED

SRV: DENTAL-OFFSITE-RESIDENTS 1 1345 1345 C PROV3435

INDICATES IF DENTAL SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-DENTAL-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

> Y SERVICE IS PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 22

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

1 1346 1346 C PROV3430 SRV: DENTAL-ONSITE-NON RESIDENTS

INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-DENTAL-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

SERVICE IS PROVIDED

1347 1347 C PROV3425 SRV: DENTAL-ONSITE-RESIDENTS 1

INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-DENTAL-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

> Y SERVICE IS PROVIDED

1 1348 1348 C PROV3345 SRV: DIETARY-OFFSITE-RESIDENTS

INDICATES IF DIETARY SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-DIETARY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

> V SERVICE IS PROVIDED

SRV: DIETARY-ONSITE-NON RESIDENTS 1 1349 1349 C PROV3340

INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-DIETARY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

> Υ SERVICE IS PROVIDED

1 1350 1350 C PROV3335 SRV: DIETARY-ONSITE-RESIDENTS

INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-DIETARY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING ONSITE-NON RES 1 1351 1351 C PROV3535

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-HOUSE-KP-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING-OFFSITE-RES 1 1352 1352 C PROV3540

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED OFFSITE

TO RESIDENTS.

COBOL NAME: SP-HOUSE-KP-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 23

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: HOUSEKEEPING-ONSITE-RESIDENTS 1 1353 1353 C PROV3530

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-HOUSE-KP-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-OFFSITE-RES 1 1354 1354 C PROV3465

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-MEN-HLTH-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-ONSITE-NON RES 1 1355 1355 C PROV3460

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-MEN-HLTH-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-ONSITE-RESID 1 1356 1356 C PROV3455

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-MEN-HLTH-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: NURSING-OFFSITE-RESIDENTS 1 1357 1357 C PROV3315

INDICATES IF NURSING SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-NURSING-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y

SRV: NURSING-ONSITE-NON RESIDENTS 1 1358 1358 C PROV3310

INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-NURSING-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: NURSING-ONSITE-RESIDENTS 1 1359 C PROV3305

INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-NURSING-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 24

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: OCCUP THER-OFFSITE-RESIDENTS 1 1360 C PROV3360

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-OCC-THER-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-NON RESID 1 1361 1361 C PROV3355

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-OCC-THER-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-RESIDENTS 1 1362 1362 C PROV3350

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-OCC-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-OFFSITE TO RES 1 1363 1363 C PROV5255

FIELD 3 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY

STAFF OFFSITE TO RESIDENTS.
COBOL NAME: SP-OTH-ACT-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-ONSITE NONRES 1 1364 1364 C PROV5250

FIELD 2 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY

STAFF ONSITE TO NONRESIDENTS.
COBOL NAME: SP-OTH-ACT-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-ONSITE RES 1 1365 1365 C PROV5245

FIELD 1 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY

STAFF ONSITE TO RESIDENTS.
COBOL NAME: SP-OTH-ACT-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-OFFSITE TO RES 1 1366 1366 C PROV5285

FIELD 3 - INDICATES SERVICES PROVIDED BY OTHER SOCIAL S

ERVICES STAFF OFFSITE TO RESIDENTS.

COBOL NAME: SP-OTH-SOC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 25

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: OTH SOC SRV-ONSITE TO NONRES 1 1367 1367 C PROV5280

INDICATES IF OTHER SOCIAL SERVICES ARE PROVIDED ONSITE

TO NONRESTDENTS.

COBOL NAME: SP-OTH-SOC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-ONSITE TO RES 1 1368 1368 C PROV5275

FIELD 1 - INDICATES SERVICES PROVIDED BY SOCIAL SERVICE

S STAFF ONSITE TO RESIDENTS.
COBOL NAME: SP-OTH-SOC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHARMACY-OFFSITE-RESIDENTS 1 1369 C PROV3330

INDICATES IF PHARMACY SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-PHARMACY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHARMACY-ONSITE-NON RESIDENTS 1 1370 1370 C PROV3325

INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-PHARMACY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHARMACY-ONSITE-RESIDENTS 1 1371 1371 C PROV3320

INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-PHARMACY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-OFFSITE-RESID 1 1372 1372 C PROV3300

INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-EXT-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-ONSITE-NON RES 1 1373 1373 C PROV3295

INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-PHYS-EXT-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 26

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: PHYS EXTENDER-ONSITE-RESIDENT 1 1374 1374 C PROV3290

INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-EXT-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS THER-OFFSITE-RESIDENTS 1 1375 1375 C PROV3375

INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-THER-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS THER-ONSITE-NON RESIDENT 1 1376 1376 C PROV3370

INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-PHYS-THER-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS THER-ONSITE-RESIDENTS 1 1377 C PROV3365

INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYSICIAN-OFFSITE-RESIDENTS 1 1378 1378 C PROV3285

INDICATES IF PHYSICIAN SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-PHYS-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYSICIAN-ONSITE-NON RESIDENT 1 1379 1379 C PROV3280

INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-PHYS-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYSICIAN-ONSITE-RESIDENTS 1 1380 C PROV3275

INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-PHYS-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 27

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: PODIATRY-OFFSITE-RESIDENTS 1 1381 C PROV3450

INDICATES IF PODIATRY SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-PODIATRY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PODIATRY-ONSITE-NON RESIDENTS 1 1382 C PROV3445

INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-PODIATRY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PODIATRY-ONSITE-RESIDENTS 1 1383 1383 C PROV3440

INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-PODIATRY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-OFFSITE-RESIDENTS 1 1384 1384 C PROV3405

INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED OFFSITE

TO RESIDENTS.

COBOL NAME: SP-MED-SOC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-ONSITE-NON RESID 1 1385 1385 C PROV3400

INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-MED-SOC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-ONSITE-RESIDENTS 1 1386 1386 C PROV3395

INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-MED-SOC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SPEECH PATH-OFFSITE-RESIDEN 1 1387 1387 C PROV3420

INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE

PROVIDED OFFSITE TO RESIDENTS.
COBOL NAME: SP-SPEECH-PH-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 28

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: SPEECH PATH-ONSITE-NON RESID 1 1388 1388 C PROV3415

INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE

PROVIDED ONSITE TO NON RESIDENTS.
COBOL NAME: SP-SPEECH-PH-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SPEECH PATH-ONSITE-RESIDENTS 1 1389 1389 C PROV3410

INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE

PROVIDED ONSITE TO RESIDENTS.
COBOL NAME: SP-SPEECH-PH-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: THER REC SPEC-OFFSITE TO RES 1 1390 1390 C PROV5225

INDICATES IF THERAPEUTIC RECRECATION SPECIALIST SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-THER-REC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: THER REC SPEC-ONSITE-NONRES 1 1391 1391 C PROV5220

INDICATES IF THERAPEUTIC RECREATION SPECIALIST SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.

COBOL NAME: SP-THER-REC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: THER REC SPEC-ONSITE-RESIDENT 1 1392 1392 C PROV5215

INDICATES IF THERAPEUTIC RECREATION SPECIALIST SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-THER-REC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: VOCATIONAL-OFFSITE-RESIDENTS 1 1393 1393 C PROV3480

INDICATES IF VOCATIONAL SERVICES ARE PROVIDED OFFSITE

TO RESIDENTS.

COBOL NAME: SP-VOC-GUID-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: VOCATIONAL-ONSITE-NON RESID 1 1394 1394 C PROV3475

INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-VOC-GUID-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 29

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: VOCATIONAL-ONSITE-RESIDENTS 1 1395 C PROV3470

INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-VOC-GUID-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: XRAY-OFFSITE-RESIDENTS 1 1396 1396 C PROV3510

INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: XRAY-ONSITE-NON RESIDENTS 1 1397 C PROV3505

INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: XRAY-ONSITE-RESIDENTS 1 1398 1398 C PROV3500

INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

THER REC SPEC - CONTRACT 7.2 1399 1405 N PROV5240

NUMBER OF CONTRACT STAFF HOURS PROVIDED BY THERAPEUTIC

RECREATION SPECIALIST.

COBOL NAME: NUM-THER-REC-CONTRACT

THER REC SPEC - FULL TIME 7.2 1406 1412 N PROV5230

NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY THERAPEUTIC

RECREATION SPECIALIST.

COBOL NAME: NUM-THER-REC-FULL-TIME

THER REC SPEC - PART TIME 7.2 1413 1419 N PROV5235

NUMBER OF PART-TIME STAFF HOURS PROVIDED BY THERAPEUTIC

RECREATION SPECIALIST.

COBOL NAME: NUM-THER-REC-PART-TIME

COBOL NAME: SSA-COUNTY

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 1 HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME CATEGORY - SUBTYPE OF PROVIDER 2 1 2 C PROV0085 A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 HOME HEALTH AGENCY CATEGORY OF PROVIDER/SUPPLIER 3 4 C PROV0075 IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 05 HOME HEALTH AGENCIES 5 6 N PROV0095 CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT 8 7 14 C PROV0100 CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT 42 C PROV3225 CITY 15 CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY 43 C PROV0220 COMPLIANCE: PLAN OF CORRECTION 43 INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REOUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC COMPLIANCE: STATUS 44 44 C PROV2715 INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE В NOT IN COMPLIANCE COUNTY CODE 45 47 C PROV2695 SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED.

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300

NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.

COBOL NAME: CROSS-REF-PROV-NUM

CURRENT FMS SURVEY DATE 8 58 65 C PROV0500

CURRENT FMS SURVEY DATE
COBOL NAME: FMS-SURVEY-DT-1

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2

HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CURRENT SURVEY DATE 8 66 73 C PROV2740

THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR

THE PROVIDER.

COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE 1 74 74 C PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN

THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE

NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 50 75 124 C PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO

PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 125 129 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER

SERVICING A PROVIDER OR SUPPLIER. COBOL NAME: INTER-CARRIER-NUM

VALUES: 00000 DUMMY FOR MEDICAID HHA 00011 CAHABA

00030 BLUE CROSS (ARIZONA) 00040 BLUE CROSS (CALIFORNIA)

00121 HEALTH CARE SERVICE CORPORATION

00122 HCSC - MICHIGAN 00123 HCSC OF MICHIGAN

00131 ADMINISTAR FEDERAL (CHICAGO) 00140 BLUE CROSS (IOWA/SOUTH DAKOTA)

00150 BLUE CROSS (KANSAS)

00180 BLUE CROSS (MAINE)

00230 BLUE CROSS (MISSISSIPPI) 00290 BLUE CROSS (NEW MEXICO)

00332 COMMUNITY MUTUAL INSURANCE CO 00362 BLUE CROSS (INDEPENDENCE)

00366 HIGHMARK MEDICARE SERVICES
00370 BLUE CROSS (RHODE ISLAND)

00380 BLUE CROSS (SOUTH CAROLINA)

00400 BLUE CROSS (TEXAS) 00410 BLUE CROSS (UTAH) 00450 BLUE CROSS (WISCONSIN)

00452	UNITED GOVT SERVICES
00454	USG CALIFORNIA
00511	CAHABA
00883	PALMETTO
00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WT PHYSTCIAN SERVICES - MN

LDATE:	04/03/2006	POS	S RECORD	LAYOUT				PAGE:	3
	HOME HEALT	TH AGENCIES, (	CATEGORY	= "05"	(SEE P	OSITION	S 3-	4)	
SHO	RT DESCRIPTION			LE1	I STAR	T END	TYP	E SAS NAM	E
	01390		AETNA (	WASHING	GTON)				
	31140		NATIONA	AL HERIT	TAGE (C	'A)			
	31142		NATIONA	AL HERIT	TAGE IN	SURANCE	CO	(MAINE)	
	31143		NATIONA	AL HERIT	TAGE IN	SURANCE	CO		
	31144		NATIONA	AL HERIT	TAGE IN	SURANCE	CO		
	31146		NATIONA	AL HERIT	TAGE IN	SURANCE			
	51051		AETNA (	PETALUN	(AI				
	51100		AETNA (	CLEARWA	ATER)				
	51390		AETNA (	FORT WA	ASHINGT	ON)			
	52280		MUTUAL	OF OMAH	Αŀ				
	57400		COOPERA	I) AVITA	PUERTO	RICO)			
A S'	ICARE OR MEDICA NUMBER WHICH N TATE MEDICAID A URPOSES.	MAY BE ASSIGNE	ED TO A E	FACILITY	BY TH	E	С	PROV065	5
C	OBOL NAME: MEDI	CAID-VEND-NUN	<b>I</b>						
PAR'	TICIPATION DATE	<b>⊆</b>		8	14	5 152	С	PROV156	5
T	HE DATE A FACII	LITY IS FIRST	APPROVEI	TO PRO	OVIDE				
M	EDICARE AND/OR	MEDICAID SERV	/ICES.						
C	OBOL NAME: PART	TCI-DT							
PRI	OR CHANGE OF OV	NERSHIP		8	15	3 160	C	PROV161	5
T	HE DATE OF A PI	RIOR CHANGE OF	F OWNERSH	HIP.					
C	OBOL NAME: PRIC	OR-CHOW-DT							
PRI	OR INTERMEDIARY	NUMBER		5	16	1 165	C	PROV162	0
A	PREVIOUS INTER	RMEDIARY NUMBI	ER.WHEN						
C	OBOL NAME: PRIC	OR-INTER-CARRI	ER-NUM						
PRO'	VIDER NUMBER			10	16	6 175	C	PROV168	0
S I A	SIX OR TEN POS IGNED TO A CERT S ISSUED A 6 PO SUPPLIER IS IS	TIFIED PROVIDE DSITION NUMERI SSUED A 10 POS	ER OR SUE	PPLIER. PHANUMER	A PRO	VIDER BER,			
	OBOL NAME: PROV ORD TYPE	/ - IV O IVI		1	1 7	6 176	a	PROV172	0
_	ORD TIPE HIS INDICATOR S	מחהקובוני החה	CIIDDENT	_			C	PROVI/2	U
	OBOL NAME: REC		COVKENT	DIMIUS	OF KEC	OKD.			
	OBOL NAME: RECO ALUES: A	ND IIE	ACCEPTE	מי					
V.	ALUES: A		PENDING						
	W		WORK	3					
	W		AMOW						

2 177 178 C PROV1725 REGION CODE THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE

STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES: 01 I BOSTON
02 II NEW YORK
03 III PHILADELPHIA
04 IV ATLANTA

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 4

HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

05 V CHICAGO
06 VI DALLAS
07 VII KANSAS CITY
08 VIII DENVER
09 IX SAN FRANCISCO
10 X SEATTLE

SKELETON RECORD INDICATOR 1 179 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE

FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES: Y YES

STATE ABBREVIATION 2 180 181 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

MΙ

VALUES: AK ALASKA
AL ALABAMA
AR ARKANSAS

AS AMERICAN SAMOA

AZ ARIZONA
CA CALIFORNIA
CN CANADA
CO COLORADO
CT CONNECTICUT

DC DISTRICT OF COLUMBIA

MICHIGAN

DELAWARE DEFLFLORIDA GΑ GEORGIA GU GUAM ΗТ HAWAII ΙA IOWA ID IDAHO ILILLINOIS ININDIANA KS KANSAS ΚY KENTUCKY LA LOUISIANA MA MASSACHUSETTS MD MARYLAND MEMAINE

MN MINNESOTA
MO MISSOURI
MP SAIPAN
MS MISSISSIPPI
MT MONTANA

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 5

HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

MEXICO
NORTH CAROLINA
NORTH DAKOTA
NEBRASKA
NEW HAMPSHIRE
NEW JERSEY
NEW MEXICO
NEVADA
NEW YORK
OHIO
OKLAHOMA
OREGON
PENNSYLVANIA
PUERTO RICO
RHODE ISLAND
SOUTH CAROLINA
SOUTH DAKOTA
TENNESSEE
TEXAS
UTAH
VIRGINIA
VIRGIN ISLANDS
VERMONT
WASHINGTON
WISCONSIN
WEST VIRGINIA
WYOMING

STATE CODE (SSA) 2 182 183 C PROV2700

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS

LOCATED.

COBOL NAME: SSA-STATE

VALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA
	04	ARKANSAS
	05	CALIFORNIA
	06	COLORADO
	07	CONNECTICUT
	08	DELAWARE
	09	DISTRICT OF COLUMBIA
	10	FLORIDA
	11	GEORGIA
	12	HAWAII

13 IDAHO
14 ILLINOIS
15 INDIANA
16 IOWA

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 6

HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

## SHORT DESCRIPTION LEN START END TYPE SAS NAME

CRIPTION	LEN	START	END	TYPE	SAS	NAM
17	KANSAS					
18	KENTUCKY					
19	LOUISIANA					
20	MAINE					
21	MARYLAND					
22	MASSACHUSETTS					
23	MICHIGAN					
24	MINNESOTA					
25	MISSISSIPPI					
26	MISSOURI					
27	MONTANA					
28	NEBRASKA					
29	NEVADA					
30	NEW HAMPSHIRE					
31	NEW JERSEY					
32	NEW MEXICO					
33	NEW YORK					
34	NORTH CAROLINA					
35	NORTH DAKOTA					
36	OHIO					
37	OKLAHOMA					
38	OREGON					
39	PENNSYLVANIA					
40	PUERTO RICO					
41	RHODE ISLAND					
42	SOUTH CAROLINA					
43	SOUTH DAKOTA					
44	TENNESSEE					
45	TEXAS					
46	UTAH					
47	VERMONT					
48	VIRGIN ISLANDS					
49	VIRGINIA					
50	WASHINGTON					
51	WEST VIRGINIA					
52	WISCONSIN					
53	WYOMING					
56	CANADA					
59	MEXICO					
64	AMERICAN SAMOA					
65	GUAM					
66	SAIPAN					
	D11111					

STATE REGION CODE 3 184 186 C PROV2710 FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION

## WITHIN THE STATE WHERE THE FACILITY IS LOCATED

COBOL NAME: STATE-REGION-CD

04

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 PAGE: 7 1DATE: 04/03/2006 POS RECORD LAYOUT HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME STREET ADDRESS 50 187 236 C PROV2720 STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: STREET-ADDRESS TELEPHONE NUMBER 10 237 246 C PROV1605 THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM TERMINATION CODE # 1 247 248 C PROV4770 TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: TERM-CD-1 VALUES: 00 ACTIVE 01 VOL-MERG, CLOSE 02 VOL-REIMBURSE 03 VOL-RISK INVOL 04 VOL-OTHER 05 INVOL-FAIL REQ 06 INVOL-AGREEMNT 07 OTH-STATUS CHG 249 256 C PROV4500 TERMINATION DATE/EXPIRATION DATE 1 THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE FACILITY WAS TERMINATED. COBOL NAME: EXP-DT-1 257 257 C PROV2880 TYPE OF ACTION 1 IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION VALUES: INITIAL 2 RECERTIFICATION 3 TERMINATION CHANGE OF OWNERSHIP 4 VALIDATION (ACCRD) 258 259 C PROV2885 TYPE OF CONTROL INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL VALUES: 01 VOL. NON-PROF. - RELIGIOUS AFF. VOLUNTARY NON-PROFIT - PRIVATE 03 VOLUNTARY NON-PROFIT - OTHER

PROPRIETARY

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 8 HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME SHORT DESCRIPTION 07 GOVERNMENT - LOCAL ZIP CODE 5 260 264 C PROV2905 THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD FIPS STATE CODE 2 265 266 C FIPSTATE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE FIPS COUNTY CODE 3 267 269 C FIPCNTY FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY 3 270 272 C SSAMSACD SSA MSA CODE SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD SSA MSA SIZE CODE 1 273 273 C SSAMSASZ SSA MSA SIZE CODE COBOL NAME: WS-SSA-MSA-SIZE-CD ACCREDITATION INDICATOR 1 290 290 C PROV0010 INDICATES THE ORGANIZATION THAT IS RESPONSIBLE FOR THE ACCREDITATION OF THE PROVIDER. COBOL NAME: ACCRED-STAT VALUES: 0 NONE 1 **JCAHO** CHAP 7.2 371 377 N PROV0820 DIETICIANS NUMBER OF FULL-TIME EQUIVALENT DIETICIANS EMPLOYED BY A FACILITY. COBOL NAME: NUM-DIETICIANS 4 378 381 C PROV0485 FISCAL YEAR ENDING DATE THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR. COBOL NAME: FISC-YR-END-DT 7.2 382 388 N PROV0955 LICENSED PRACT/VOCAT NURSES NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL OR VOCATIONAL NURSES EMPLOYED BY A FACILITY. COBOL NAME: NUM-LPN-LVN OCCUPATIONAL THERAPISTS 7.2 405 411 N PROV1050 THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A PROVIDER. COBOL NAME: NUM-OCCUP-THERAPISTS 7.2 412 418 N PROV1075 OTHER PERSONNEL THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED

PERSONNEL EMPLOYED BY A FACILITY. COBOL NAME: NUM-OTHER-PERSNL

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 9

HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

PROGRAM PARTICIPATION 1 434 434 C PROV1670

INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE,

MEDICAID, OR BOTH PROGRAMS.

COBOL NAME: PROG-PARTCI

VALUES: 1 MEDICARE ONLY 2 MEDICAID ONLY

3 MEDICARE AND MEDICAID

REGIONAL OVERRIDE #2 (STAFFING) 1 471 C PROV1550

THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS

SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE

ODIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-2

VALUES: Y RECORD HAS BEEN APPROVED

REGISTERED NURSES 7.2 473 479 N PROV1145

THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED PROFESSIONAL NURSES EMPLOYED BY A PROVIDER.

COBOL NAME: NUM-REG-NURS

REGISTERED PHARMACISTS 7.2 480 486 N PROV1100

THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED

PHARMACISTS EMPLOYED BY A PROVIDER.

COBOL NAME: NUM-PHARMACIST-REG

SRV: OCCUPATIONAL THERAPY 1 558 558 C PROV2270

INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE

PROVIDED.

COBOL NAME: SP-OCCUP-THERAPY

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

SRV: PHARMACY 1 569 569 C PROV2365

INDICATES HOW PHARMACY SERVICES ARE PROVIDED.

COBOL NAME: SP-PHARMACY

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

SRV: PHYSICAL THERAPY 1 570 570 C PROV2370

INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED.

COBOL NAME: SP-PHYSICAL-THERAPY

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 10

HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

TYPE OF FACILITY 2 593 594 C PROV2890

INDICATES THE CATEGORY WHICH REPRESENTS THE TYPE OF

FACILITY.

COBOL NAME: TYPE-FACILITY

VALUES: 01 VISITING NURSE ASSOCIATION

02 COMBINATION GOVERNMENT VOLUNTARY

OFFICIAL HEALTH AGENCY

04 REHABILITATION FACILITY BASED PROGRAM

05 HOSPITAL BASED PROGRAM

06 SKILLED NURSING FACILITY BASED PROGRAM

07 OTHER

RELATED PROVIDER NUMBER 10 1228 1237 C PROV1755

THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.

COBOL NAME: RELATED-PROV-NUM

AIDE TRAINING/COMPETENCY PROGRAMS 1 1420 1420 C PROV0555

INDICATES HOW THE AGENCY PROVIDES HOME HEALTH AIDE

TRAINING AND COMPETENCY EVALUATION PROGRAMS.

COBOL NAME: HHA-PROVIDES-DIRECT

VALUES: 1 AIDE TRAINING

2 COMPETENCY EVALUATION PROG.

3 AIDE TRAINING AND COMPETENCY PROG.

4 NEITHER

BRANCH OPERATION INDICATOR 1 1421 1421 C PROV1525

INDICATES IF THE AGENCY OPERATES ANY BRANCHES.

COBOL NAME: OPERS-BRANCHES

VALUES: N NO YES

BRANCHES 3 1422 1424 N PROV0745

THE NUMBER OF BRANCHES OPERATED BY THE AGENCY.

COBOL NAME: NUM-BRANCHES

CHANGE OF OWNERSHIP INDICATOR 1 1425 1425 C PROV0105

INDICATES IF A HOME HEALTH AGENCY HAS UNDERGONE A

CHANGE OF OWNERSHIP SINCE THE LAST SURVEY.

COBOL NAME: CHOW-IND

VALUES: N NO Y YES

HHA QUALIFIED FOR OPT 1 1426 C PROV0560

INDICATES IF A HOME HEALTH AGENCY IS QUALIFIED TO PROVIDE OUTPATIENT PHYSICAL THERAPY/SPEECH SERVICES.

COBOL NAME: HHA-QUAL-FOR-OPT

VALUES: N NO

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 11

HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

Y YES

HOME HEALTH AIDES 7.2 1427 1433 N PROV0910

NUMBER OF FULL-TIME EQUIVALENT HOME HEALTH AIDES

EMPLOYED BY A HOME HEALTH AGENCY OR HOSPICE.

COBOL NAME: NUM-HOME-HEALTH-AIDES

HOSPICE INDICATOR 1 1434 1434 C PROV0665

INDICATES IF THE HOME HEALTH AGENCY ALSO PARTICIPATES

IN THE MEDICARE PROGRAM AS A HOSPICE.

COBOL NAME: MEDICARE-CERT-HOSPICE

VALUES: N NO

Y YES

MEDICARE HOSPICE PROVIDER NUMBER 6 1435 1440 C PROV0570

IF THE AGENCY ALSO PARTICIPATES IN THE MEDICARE PROGRAM

AS A HOSPICE, THE HOSPICE PROVIDER NUMBER.

COBOL NAME: HOSPICE-PROV-NUM

MEDICARE/MEDICAID PROVIDER NUMBER 6 1441 1446 C PROV0650

IF THE AGENCY IS BASED IN ANOTHER MEDICARE OR MEDICAID

FACILITY, THE PROVIDER NUMBER OF THAT FACILITY.

COBOL NAME: MEDICAID-CARE-VEND-NUM

SOCIAL WORKERS 7.2 1447 1453 N PROV1185

THE NUMBER OF FULL TIME EQUIVALENT SOCIAL WORKERS

EMPLOYED BY THE AGENCY.

COBOL NAME: NUM-SOCIAL-WRKS

SPEECH PATHOLOGISTS, AUDIOLOGISTS 7.2 1454 1460 N PROV1220

THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS

OR AUDIOLOGISTS EMPLOYED BY A PROVIDER.

COBOL NAME: NUM-SPEECH-PATH-AUDIO

SRV: APPLIANCE AND EQUIPMENT 1 1461 C PROV2075

INDICATES HOW APPLIANCE AND EQUIPMENT SERVICES ARE

PROVIDED BY A HOME HEALTH AGENCY.

COBOL NAME: SP-APPLIANCE-EOUIP

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

SRV: HOME HEALTH AIDE/HOMEMAKER 1 1462 C PROV2155

INDICATES HOW HOME HEALTH AIDE SERVICES ARE PROVIDED

BY A HOME HEALTH AGENCY.

COBOL NAME: SP-HH-AIDE-HOMEMAKER

VALUES: 0 NOT PROVIDED

1 PROVIDED BY AGENCY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 12

HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: INTERNS AND RESIDENTS 1 1463 C PROV2195

INDICATES HOW INTERN AND RESIDENT SERVICES ARE PROVIDED

BY A HOME HEALTH AGENCY.

COBOL NAME: SP-INTERNS-RESIDENTS

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

SRV: MEDICAL SOCIAL 1 1464 1464 C PROV2220

INDICATES HOW MEDICAL SOCIAL SERVICES ARE PROVIDED

COBOL NAME: SP-MEDICAL-SOCIAL

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

SRV: NURSING 1 1465 C PROV2250

INDICATES HOW NURSING SERVICES ARE PROVIDED.

COBOL NAME: SP-NURSING

VALUES: 1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

SRV: NUTRITIONAL GUIDANCE 1 1466 1466 C PROV2255

INDICATES HOW NUTRITIONAL GUIDANCE SERVICES ARE

PROVIDED.

COBOL NAME: SP-NUTRITION-GUIDANCE

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

SRV: OTHER 1 1467 C PROV2340

INDICATES HOW OTHER (NOT SPECIFIED) SERVICES ARE

PROVIDED.

COBOL NAME: SP-OTHER

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

SRV: SPEECH THERAPY 1 1468 1468 C PROV2520

INDICATES HOW SPEECH THERAPY SERVICES ARE PROVIDED.

COBOL NAME: SP-SPEECH-THERAPY

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

<sup>\*</sup> INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 13

HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

3 COMBINATION

SRV: VOCATIONAL GUIDANCE 1 1469 1469 C PROV2535

INDICATES HOW VOCATIONAL GUIDANCE SERVICES ARE PROVIDED

COBOL NAME: SP-VOCAT-GUIDANCE

VALUES: 0 NOT PROVIDED

1 PROVIDED BY AGENCY STAFF 2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

SUBUNIT INDICATOR 1 1470 1470 C PROV2725

INDICATES IF THE AGENCY IS A SUBUNIT OF ANOTHER AGENCY.

COBOL NAME: SUBUNIT-IND

VALUES: N NO

Y YES

SUBUNIT OPERATION INDICATOR 1 1471 1471 C PROV1530

INDICATES IF THE AGENCY OPERATES ANY SUBUNITS.

COBOL NAME: OPERS-SUBUNITS

VALUES: N NO

Y YES

SUBUNITS 3 1472 1474 N PROV1240

THE NUMBER OF SUBUNITS OPERATED BY THE AGENCY.

COBOL NAME: NUM-SUBUNITS

SURETY BOND INDICATOR 1 1475 C PROV5680

SURETY BOND INDICATOR, VALID VALUES ARE "N" OR "Y" OR

" W "

COBOL NAME: SURETY-BOND-IND

VALUES: N NO

W WAIVER Y YES

PHYSICAL THERAPISTS ON STAFF 7.2 1506 1512 N PROV1120

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY AN OUTPATIENT PHYSICAL THERAPY PROVIDER OR

A HOME HEALTH AGENCY PROVIDER.

COBOL NAME: NUM-PHYS-THERAPISTS

SRV: LABORATORY 1 1722 C PROV2200

PAGE: 1

INDICATES HOW LABORATORY SERVICES ARE PROVIDED.

COBOL NAME: SP-LABORATORY

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT

## PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME CATEGORY - SUBTYPE OF PROVIDER 1 2 C PROV0085 2 A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 X-RAY CATEGORY OF PROVIDER/SUPPLIER 3 4 C PROV0075 IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 07 PORTABLE X-RAY SUPPLIERS CHANGE OF OWNERSHIP COUNTER 2 5 6 N PROV0095 THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT 8 7 14 C PROV0100 CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT 42 C PROV3225 15 CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY 43 C PROV0220 COMPLIANCE: PLAN OF CORRECTION 43 INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR COMPLIANCE BASED ON ACCEPTABLE POC VALUES: 1 COMPLIANCE: STATUS 44 44 C PROV2715 INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE В NOT IN COMPLIANCE 45 47 C PROV2695 SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY 10 48 57 C PROV0300 CROSS REFERENCE PROVIDER NUMBER NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER. COBOL NAME: CROSS-REF-PROV-NUM CURRENT FMS SURVEY DATE 8 58 65 C PROV0500 CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2

PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CURRENT SURVEY DATE 8 66 73 C PROV2740

THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER.

THE PROVIDER.

COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE 1 74 74 C PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN

THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE 2 NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 50 75 124 C PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO

PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 125 129 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER

SERVICING A PROVIDER OR SUPPLIER. COBOL NAME: INTER-CARRIER-NUM

COBOL NAM	E. INIER-CARRIER-NUM			
VALUES:	00011	CAHAI	3A	
	00122	HCSC	- MICHI	GAN
	00131	ADMII	NISTAR F	FEDERAL (CHICAGO)
	00452	UNIT	ED GOVT	SERVICES
	00454	USG (	CALIFORN	IIA
	00510	BLUE	SHIELD	(ALABAMA)
	00511	CAHAI	3A	
	00520	BLUE	SHIELD	(ARKANSAS)
	00528	BLUE	SHIELD	(ARKANSAS/LOUISIANA)
	00542	BLUE	SHIELD	(CALIFORNIA)
	00550	BLUE	SHIELD	(COLORADO)
	00570	BLUE	SHIELD	(DELAWARE)
	00580	BLUE	SHIELD	(DISTRICT OF COLUMBIA)
	00590	BLUE	SHIELD	(FLORIDA)
	00621	BLUE	SHIELD	(ILLINOIS)
	00630	BLUE	SHIELD	(INDIANA)
	00640	BLUE	SHIELD	(AWOI)
	00650	BLUE	SHIELD	(KANSAS)
	00655	BLUE	SHIELD	(KANSAS/NEBRASKA)
	00660	BLUE	SHIELD	(KENTUCKY)
	00690	BLUE	SHIELD	(MARYLAND)
	00700	BLUE	SHIELD	(MASSACHUSETTS)
	00710	BLUE	SHIELD	(MICHIGAN)
	00720	BLUE	SHIELD	(MINNESOTA)
	00740	BLUE	SHIELD	(KANSAS CITY)
	00751	BLUE	SHIELD	(MONTANA)
	00770	BLUE	SHIELD	(NEW HAMPSHIRE/VERMONT)
	00780	BLUE	SHIELD	(TRI-STATE)
				•

<sup>\*</sup> INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 3

SHORT DESCRIPTION	LEN START END TYPE SAS NAME
00801	BLUE SHIELD (BUFFALO)
00803	BLUE SHIELD (EMPIRE)
00805	BLUE SHIELD OF NEW YORK
00820	BLUE SHIELD (NORTH DAKOTA)
00825	BLUE SHIELD (NORTH DAKOTA/WYOMING)
00860	BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865	BLUE SHIELD (PENNSYLVANIA)
00870	BLUE SHIELD (RHODE ISLAND)
00880	BLUE SHIELD (SOUTH CAROLINA)
00883	PALMETTO
00900	BLUE SHIELD (TEXAS)
00901	TRAILBLAZERS HEALTH ENTERPRISES
00910	BLUE SHIELD (UTAH)
00930	BLUE SHIELD (WASHINGTON)
00951	WISCONSIN PHYSICIANS SERVICE
00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN
00973	BLUE SHIELD (PUERTO RICO)
00974	BLUE SHIELD (VIRGIN ISLANDS)
01010	AETNA (PEORIA)
01020	AETNA (ALASKA)
01030	AETNA (ARIZONA)
01040	AETNA (GEORGIA)
01120	AETNA (HAWAII)
01290	AETNA (NEVADA)
01360	AETNA (NEW MEXICO)
01370	AETNA (OKLAHOMA)
01380	AETNA (OREGON)
01390	AETNA (WASHINGTON)
02050	OCCIDENTAL (CALIFORNIA)
05130	EQICOR (IDAHO)
05440	EQICOR (TENNESSEE)
05535	EQICOR (NORTH CAROLINA)
10071	TRAVELERS (RRB)
10230	TRAVELERS (CONNECTICUT)
10240	TRAVELERS (MINNESOTA)
10250	TRAVELERS (MISSISSIPPI)
10490	TRAVELERS (VIRGINIA)
10492	TRAVELERS - VIRGINIA SPECIAL PROJECT
11260	GENERAL AMERICAN
14330	GROUP HEALTH INC (NEW YORK)
16360	NATIONWIDE (OHIO)
16510	NATIONWIDE (WEST VIRGINIA)
21200	MASSACHUSETTS/MAINE
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 4

PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

COBOL NAME: MEDICAID-VEND-NUM  PARTICIPATION DATE 8 145 152 C PROV1565 THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT  PRIOR CHANGE OF OWNERSHIP 8 153 160 C PROV1615 THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT PRIOR INTERMEDIARY NUMBER 5 161 165 C PROV1620 A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM PROVIDER NUMBER 10 166 175 C PROV1680 A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS ASSIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER. A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER. COBOL NAME: PROV-NUM RECORD TYPE 1 1 176 176 C PROV1720 THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE VALUES: A ACCEPTED P PENDING W WORK  REGION CODE 2 177 178 C PROV1725 THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: 01 I BOSTON	MEDICARE OR MEDICAID VENDOR NUM A NUMBER WHICH MAY BE ASSIGNE STATE MEDICAID AGENCY FOR EXT PURPOSES.	D TO A FACI				С	PROV0655
PARTICIPATION DATE							
MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT  PRIOR CHANGE OF OWNERSHIP 8 153 160 C PROV1615 THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT  PRIOR INTERMEDIARY NUMBER 5 161 165 C PROV1620 A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM  PROVIDER NUMBER 10 166 175 C PROV1680 A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS ASSIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER. A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER. COBOL NAME: PROV-NUM  RECORD TYPE 1 176 176 C PROV1720 THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE VALUES: A ACCEPTED P PENDING W WORK  REGION CODE 2 177 178 C PROV1725 THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: 01 I BOSTON			8	145	152	С	PROV1565
COBOL NAME: PARTCI-DT  PRIOR CHANGE OF OWNERSHIP 8 153 160 C PROV1615 THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT  PRIOR INTERMEDIARY NUMBER 5 161 165 C PROV1620 A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM  PROVIDER NUMBER 10 166 175 C PROV1680 A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS- SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER. COBOL NAME: PROV-NUM  RECORD TYPE 1 1 176 176 C PROV1720 THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE VALUES: A ACCEPTED P PENDING W WORK   REGION CODE 2 177 178 C PROV1725 THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: 01 I BOSTON	THE DATE A FACILITY IS FIRST	APPROVED TO	PROVII	DΕ			
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THE DATE OF A PRIOR CHANGE OF OWNERSHIP.  COBOL NAME: PRIOR-CHOW-DT  PRIOR INTERMEDIARY NUMBER 5 161 165 C PROV1620  A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM  PROVIDER NUMBER 10 166 175 C PROV1680  A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS ASSIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER. COBOL NAME: PROV-NUM  RECORD TYPE 1 176 176 C PROV1720  THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE  VALUES: A ACCEPTED P PENDING W WORK  REGION CODE 2 177 178 C PROV1725  THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: 01 I BOSTON							
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PRIOR INTERMEDIARY NUMBER 5 161 165 C PROV1620 A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM  PROVIDER NUMBER 10 166 175 C PROV1680 A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS ASSIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER. COBOL NAME: PROV-NUM  RECORD TYPE 1 176 176 C PROV1720 THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE VALUES: A ACCEPTED P PENDING W WORK  REGION CODE 2 177 178 C PROV1725 THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: 01 I BOSTON		OWNERSHIP.					
A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM PROVIDER NUMBER  A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS ASSIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER. COBOL NAME: PROV-NUM  RECORD TYPE  THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE VALUES: A ACCEPTED P PENDING WORK  REGION CODE PROV1725  THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: 01 I BOSTON			5	161	165	C	DP07/1620
COBOL NAME: PRIOR-INTER-CARRIER-NUM PROVIDER NUMBER 10 166 175 C PROV1680  A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS ASSIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.  COBOL NAME: PROV-NUM  RECORD TYPE 1 176 176 C PROV1720  THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.  COBOL NAME: RECORD-TYPE  VALUES: A ACCEPTED P PENDING W WORK  REGION CODE 2 177 178 C PROV1725  THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED.  COBOL NAME: REGION VALUES: 01 I BOSTON		R WHEN	J	101	105	C	FROVIOZO
A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS ASSIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER. COBOL NAME: PROV-NUM  RECORD TYPE  THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE  VALUES: A ACCEPTED  P PENDING W WORK  REGION CODE  2 177 178 C PROV1725  THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: 01 I BOSTON							
SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER. COBOL NAME: PROV-NUM  RECORD TYPE 1 176 176 C PROV1720 THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE VALUES: A ACCEPTED P PENDING W WORK  REGION CODE 2 177 178 C PROV1725 THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: 01 I BOSTON	PROVIDER NUMBER		10	166	175	С	PROV1680
IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER. COBOL NAME: PROV-NUM  RECORD TYPE 1 176 176 C PROV1720 THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE VALUES: A ACCEPTED P PENDING W WORK  REGION CODE 2 177 178 C PROV1725 THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: 01 I BOSTON	A SIX OR TEN POSITION IDENTIF	ICATION NUM	BER TH	AT IS A	AS-		
A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.  COBOL NAME: PROV-NUM  RECORD TYPE	SIGNED TO A CERTIFIED PROVIDE	R OR SUPPLI	ER. A	PROVII	DER		
COBOL NAME: PROV-NUM  RECORD TYPE 1 1 176 176 C PROV1720  THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.  COBOL NAME: RECORD-TYPE  VALUES: A ACCEPTED  P PENDING  W WORK   REGION CODE 2 177 178 C PROV1725  THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE  STATE IN WHICH THE PROVIDER IS LOCATED.  COBOL NAME: REGION  VALUES: 01 I BOSTON	IS ISSUED A 6 POSITION NUMERI	C OR ALPHAN	UMERIC	NUMBER	₹,		
RECORD TYPE 1 176 176 C PROV1720 THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE VALUES: A ACCEPTED P PENDING W WORK  REGION CODE 2 177 178 C PROV1725 THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: 01 I BOSTON		ITION ALPHA	NUMERIO	C NUMBI	ER.		
THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.  COBOL NAME: RECORD-TYPE  VALUES: A ACCEPTED  P PENDING W WORK  REGION CODE 2 177 178 C PROV1725  THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE  STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: 01 I BOSTON			-	100	156	~	DD 0771 F 0 0
COBOL NAME: RECORD-TYPE  VALUES: A ACCEPTED  P PENDING  W WORK  REGION CODE 2 177 178 C PROV1725  THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE  STATE IN WHICH THE PROVIDER IS LOCATED.  COBOL NAME: REGION  VALUES: 01 I BOSTON						C	PROVI720
VALUES: A ACCEPTED P PENDING W WORK  REGION CODE 2 177 178 C PROV1725 THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: 01 BOSTON		CURRENI SIA	105 01	KECOKI			
P PENDING W WORK  REGION CODE 2 177 178 C PROV1725 THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: 01 I BOSTON		ACCEPTED					
REGION CODE 2 177 178 C PROV1725 THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: 01 I BOSTON							
THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED.  COBOL NAME: REGION  VALUES: 01 I BOSTON	W	WORK					
THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED.  COBOL NAME: REGION  VALUES: 01 I BOSTON							
STATE IN WHICH THE PROVIDER IS LOCATED.  COBOL NAME: REGION  VALUES: 01 I BOSTON					_	С	PROV1725
COBOL NAME: REGION VALUES: 01 I BOSTON			BILITY	FOR TH	ΙE		
VALUES: 01 I BOSTON		S LOCATED.					
		T ROSTO	NT				
02 II NEW YORK	02						
03 III PHILADELPHIA				A			
04 IV ATLANTA	04	IV ATLAN	TA				
05 V CHICAGO	05	V CHICA	GO				
	06	VI DALLA	S				
06 VI DALLAS	07	VII KANSA	S CITY				
07 VII KANSAS CITY	08						
07 VII KANSAS CITY 08 VIII DENVER				)			
07 VII KANSAS CITY 08 VIII DENVER 09 IX SAN FRANCISCO	10	X SEATT	LE				
		VI DALLA	S				
07 VII KANSAS CITY				`			
07 VII KANSAS CITY 08 VIII DENVER				J			
07 VII KANSAS CITY 08 VIII DENVER 09 IX SAN FRANCISCO	IU	A SEATT.	LE				

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT

PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

PAGE: 5

SKELETON RECORD INDICATOR 1 179 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE

FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES: Y YES

STATE ABBREVIATION 2 180 181 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

CO

CT

VALUES: AK ALASKA
AL ALABAMA
AR ARKANSAS
AS AMERICAN SAMOA
AZ ARIZONA
CA CALIFORNIA
CN CANADA

COLORADO

CONNECTICUT

DC DISTRICT OF COLUMBIA

DE DELAWARE FLFLORIDA GΑ GEORGIA GU GUAM ΗТ HAWAII ΙA IOWA ID IDAHO ILILLINOIS TN INDIANA KS KANSAS ΚY KENTUCKY LA

LOUISIANA MA MASSACHUSETTS MD MARYLAND MEMAINE ΜI MICHIGAN MNMINNESOTA MO MISSOURI MΡ SAIPAN MS MISSISSIPPI MONTANA MTMX MEXICO

NC NORTH CAROLINA
ND NORTH DAKOTA
NE NEBRASKA
NH NEW HAMPSHIRE
NJ NEW JERSEY
NM NEW MEXICO

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 6

PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

NV NEVADA

```
OH
                                  OHIO
              OK
                                  OKLAHOMA
              OR
                                  OREGON
                                 PENNSYLVANIA
              PA
              PR
                                  PUERTO RICO
              RI
                                 RHODE ISLAND
              SC
                                  SOUTH CAROLINA
              SD
                                  SOUTH DAKOTA
              TN
                                 TENNESSEE
              TX
                                 TEXAS
              UT
                                 UTAH
              VA
                                 VIRGINIA
              VI
                                 VIRGIN ISLANDS
              VT
                                  VERMONT
              WA
                                  WASHINGTON
              WΙ
                                 WISCONSIN
              WV
                                 WEST VIRGINIA
              WY
                                 WYOMING
  STATE CODE (SSA)
                                            2 182 183 C PROV2700
    TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
    LOCATED.
    COBOL NAME: SSA-STATE
    VALUES:
             01
                                 ALABAMA
              02
                                 ALASKA
              03
                                 ARIZONA
                                 ARKANSAS
              05
                                 CALIFORNIA
              06
                                  COLORADO
              07
                                  CONNECTICUT
              0.8
                                 DELAWARE
              09
                                 DISTRICT OF COLUMBIA
              10
                                 FLORIDA
              11
                                 GEORGIA
              12
                                 HAWAII
              13
                                  IDAHO
              14
                                 ILLINOIS
              15
                                 INDIANA
              16
                                 IOWA
              17
                                 KANSAS
              18
                                 KENTUCKY
              19
                                 LOUISIANA
              20
                                 MAINE
              21
                                 MARYLAND
              2.2
                                 MASSACHUSETTS
              23
                                MICHIGAN
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
                                                                   PAGE: 7
1DATE: 04/03/2006 POS RECORD LAYOUT
        PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)
  SHORT DESCRIPTION
                                            LEN START END TYPE SAS NAME
```

MINNESOTA

MISSISSIPPI

NEW YORK

NY

24

25

27	MONTANA
28	NEBRASKA
29	NEVADA
30	NEW HAMPSHIRE
31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO
41	RHODE ISLAND
42	SOUTH CAROLINA
43	SOUTH DAKOTA
44	TENNESSEE
45	TEXAS
46	UTAH
47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA
52	WISCONSIN
53	WYOMING
56	CANADA
59	MEXICO
64	AMERICAN SAMOA
65	GUAM
66	SAIPAN
STATE REGION CODE	3 184 186 C PROV2710
FOR SELECTED STATES, IDENTIFI	ES THE PARTICULAR REGION
WITHIN THE STATE WHERE THE FA	ACILITY IS LOCATED
COBOL NAME: STATE-REGION-CD	
STREET ADDRESS	50 187 236 C PROV2720
STREET ADDRESS OF A PROVIDER	THAT IS CERTIFIED TO
PROVIDE MEDICARE AND/OR MEDIC	CAID SERVICES.
COBOL NAME: STREET-ADDRESS	
TELEPHONE NUMBER	10 237 246 C PROV1605
THE 10 DIGIT TELEPHONE NUMBER	R OF THE PRIMARY CONTACT OR
THE OPERATOR OF A PROVIDER.	
COBOL NAME: PHONE-NUM	
	ADDED OR CHANGED SINCE: 01/03/2006
	RECORD LAYOUT PAGE: 8

MISSOURI

26

PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

TERMINATION CODE # 1 2 247 248 C PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN
TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID

PROGRAMS. COBOL NAME: TERM-CD-1

VALUES: 00 ACTIVE

> 01 VOL-MERG, CLOSE 02 VOL-REIMBURSE 03 VOL-RISK INVOL 04 VOL-OTHER

> INVOL-FAIL REO 0.5 06 INVOL-AGREEMNT 07 OTH-STATUS CHG

TERMINATION DATE/EXPIRATION DATE 1 8 249 256 C PROV4500

THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE.

FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE

FACILITY WAS TERMINATED.

COBOL NAME: EXP-DT-1

TYPE OF ACTION 257 257 C PROV2880 1

IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND

TRANSMITTAL FORM WAS PREPARED.

COBOL NAME: TYPE-ACTION

VALUES: 1 INITIAL

> 2 RECERTIFICATION 3 TERMINATION

CHANGE OF OWNERSHIP

2 258 259 C PROV2885 TYPE OF CONTROL

INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES

A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL

01 VALUES: INDIVIDUAL

02 PARTNERSHIP 03 CORPORATION

04 OTHER THAN PRIVATE

260 264 C PROV2905 ZIP CODE 5

THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.

COBOL NAME: ZIP-CD

FIPS STATE CODE 2 265 266 C FIPSTATE

FIPS STATE CODE

COBOL NAME: WS-FIPS-STATE

3 267 269 C FIPCNTY FIPS COUNTY CODE

FIPS COUNTY CODE

COBOL NAME: WS-FIPS-CNTY

SSA MSA CODE 3 270 272 C SSAMSACD

SSA MSA CODE

COBOL NAME: WS-SSA-MSA-CD

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

PAGE: 9 1DATE: 04/03/2006 POS RECORD LAYOUT

PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SSA MSA SIZE CODE 1 273 273 C SSAMSASZ

SSA MSA SIZE CODE

COBOL NAME: WS-SSA-MSA-SIZE-CD

4 378 381 C PROV0485 FISCAL YEAR ENDING DATE

THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL

YEAR.

COBOL NAME: FISC-YR-END-DT

OTHER PERSONNEL 7.2 412 418 N PROV1075

THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED

PERSONNEL EMPLOYED BY A FACILITY.

COBOL NAME: NUM-OTHER-PERSNL

DIRECTOR QUALIFICATIONS 1 1476 1476 C PROV1715

INDICATES THE QUALIFICATIONS OF THE DIRECTOR OF A

SUPPLIER OF PORTABLE X-RAY SERVICES.

COBOL NAME: QUAL-OF-DIRECTOR

VALUES: 1 PHYSICIAN 2 PHD/SCD MS/MA

4 BS/BA 5 OTHER

TECHNOLOGISTS - ASSOC DEGREE 7.2 1477 1483 N PROV0735

THE NUMBER OF TECHNOLOGISTS WITH ASSOCIATE DEGREES IN

RADIOLOGIC TECHNOLOGY.

COBOL NAME: NUM-AS-RADIO-TECH

TECHNOLOGISTS - BS/BA DEGREE 7.2 1484 1490 N PROV0750

NUMBER OF TECHNOLOGISTS WITH BACHELOR OF SCIENCE

OR BACHELOR OF ARTS DEGREES IN RADIOLOGIC TECHNOLOGY.

COBOL NAME: NUM-BS-BA-RAD-TECH

TECHNOLOGISTS - 2 YEAR RADIOLOGY 7.2 1491 1497 N PROV1515

THE NUMBER OF FULL-TIME EQUIVALENT TECHNOLOGISTS

EMPLOYED BY A PORTABLE X-RAY PROVIDER WHO ARE GRADUATES

OF A TWO YEAR APPROVED SCHOOL OF RADIOLOGIC TECHNOLOGY.

COBOL NAME: NUM-2YR-RADIO-TECH

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 1

OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CATEGORY - SUBTYPE OF PROVIDER 2 1 2 C PROV0085

A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED

NURSING FACILITIES AND HOSPITALS.

COBOL NAME: CATEGORY-SUBTYPE-IND

VALUES: 01 OPT OR SPECH PATHOLOGY

2 3 4 C PROV0075 CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 08 OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY 2 5 6 N PROV0095 CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT 8 7 14 C PROV0100 CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT CTTY 28 15 42 C PROV3225 CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY 43 43 C PROV0220 COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC COMPLIANCE: STATUS 44 44 C PROV2715 INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REOUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE В NOT IN COMPLIANCE 45 47 C PROV2695 COUNTY CODE 3 SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY COBOL NAME: SSA-COUNTY 10 48 57 C PROV0300 CROSS REFERENCE PROVIDER NUMBER NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER. COBOL NAME: CROSS-REF-PROV-NUM CURRENT FMS SURVEY DATE 8 58 65 C PROV0500 CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1 \* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2
OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3SHORT DESCRIPTION LEN START END TYPE SAS NAME

CURRENT SURVEY DATE 8 66 73 C PROV2740
THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY,
WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR
THE PROVIDER.
COBOL NAME: SURVEY-DT-1
ELIGIBILITY CODE 1 74 74 C PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN

THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE
2 NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 50 75 124 C PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO

PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 125 129 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER

SERVICING A PROVIDER OR SUPPLIER. COBOL NAME: INTER-CARRIER-NUM

VALUES:	00010	BLUE CROSS (ALABAMA)
	00011	CAHABA
	00020	BLUE CROSS (ARKANSAS)
	00030	BLUE CROSS (ARIZONA)
	00040	BLUE CROSS (CALIFORNIA)
	00060	BLUE CROSS (CONNECTICUT)
	00070	BLUE CROSS (DELAWARE)
	00090	BLUE CROSS (FLORIDA)
	00101	BLUE CROSS (GEORGIA)
	00121	HEALTH CARE SERVICE CORPORATION
	00122	HCSC - MICHIGAN
	00123	HCSC OF MICHIGAN
	00130	BLUE CROSS (INDIANA)
	00131	ADMINISTAR FEDERAL (CHICAGO)
	00140	BLUE CROSS (IOWA/SOUTH DAKOTA)
	00150	BLUE CROSS (KANSAS)
	00160	BLUE CROSS (KENTUCKY)
	00180	BLUE CROSS (MAINE)
	00190	BLUE CROSS (MARYLAND)
	00200	BLUE CROSS (MASSACHUSETTS)
	00210	BLUE CROSS (MICHIGAN)
	00220	BLUE CROSS (MINNESOTA)
	00230	BLUE CROSS (MISSISSIPPI)
	00231	BLUE CROSS (LOUISIANA)
	00241	BLUE CROSS (MISSOURI)
	00250	BLUE CROSS (MONTANA)
	00260	BLUE CROSS (NEBRASKA)
	00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE

* INDICATES THIS FIELD HAS BEEN ADDED OR CH	HANGED SINCE: UI/U3/ZU	J 6
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1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 3
OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION LEN START END TYPE SAS NAME

00280	BLUE CROSS (NEW JERSEY)
00290	BLUE CROSS (NEW MEXICO)
00308	BLUE CROSS (EMPIRE)
00310	BLUE CROSS (NORTH CAROLINA)
00320	BLUE CROSS (NORTH DAKOTA)
00332	COMMUNITY MUTUAL INSURANCE CO
00340	BLUE CROSS (OKLAHOMA)

```
BLUE CROSS (OREGON)
BLUE CROSS (OREGON) (IDAHO CLAIMS)
BLUE CROSS (INDEPENDENCE)
BLUE CROSS (WESTERN PENNSYLVANIA)
                           00350
                           00351
                           00362
                           00363
                           00366
                                                            HIGHMARK MEDICARE SERVICES
                           00370
                                                            BLUE CROSS (RHODE ISLAND)
                                                            BLUE CROSS (SOUTH CAROLINA)
                           00390
                                                            BLUE CROSS (TENNESSEE)
                                                  BLUE CROSS (IENNESSEE)
BLUE CROSS (TEXAS)
BLUE CROSS (UTAH)
BLUE CROSS (VIRGINIA/WEST VA)
BLUE CROSS (WASHINGTON & ALASKA)
BLUE CROSS (WISCONSIN)
UNITED GOVT SERVICES
USG CALIFORNIA
                           00400
                           00410
                           00423
                           00430
                           00450
                           00454
                                                           BLUE CROSS (WYOMING)
BLUE CROSS (NORTH CAROLINA FOR PR)
BLUE SHIELD (ALABAMA)
                           00460
                           00468
                           00510
                                                 CAHABA

BLUE SHIELD (ARKANSAS)

BLUE SHIELD (ARKANSAS/LOUISIANA)

BLUE SHIELD (CALIFORNIA)

BLUE SHIELD (COLORADO)

BLUE SHIELD (DELAWARE)

BLUE SHIELD (DISTRICT OF COLUMBIA)

BLUE SHIELD (FLORIDA)

BLUE SHIELD (ILLINOIS)

BLUE SHIELD (INDIANA)

BLUE SHIELD (IOWA)

BLUE SHIELD (KANSAS)

BLUE SHIELD (KANSAS/NEBRASKA)

BLUE SHIELD (KENTUCKY)

BLUE SHIELD (MARYLAND)

BLUE SHIELD (MASSACHUSETTS)
                           00511
                                                             CAHABA
                           00520
                           00528
                           00542
                           00550
                           00570
                           00580
                           00590
                           00621
                           00640
                           00650
                           00660
                           00690
                                                          BLUE SHIELD (MARYLAND)
BLUE SHIELD (MASSACHUSETTS)
BLUE SHIELD (MICHIGAN)
BLUE SHIELD (MINNESOTA)
BLUE SHIELD (KANSAS CITY)
BLUE SHIELD (MONTANA)
BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
BLUE SHIELD (TRI-STATE)
                           00700
                           00710
                           00720
                           00740
                           00751
                           00770
                           00780
                           00801
                                                             BLUE SHIELD (BUFFALO)
 * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT
                                                                                                                                PAGE: 4
 OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-
     SHORT DESCRIPTION
                                                                                    LEN START END TYPE SAS NAME
                                                             BLUE SHIELD (EMPIRE)
                           00803
                                                     BLUE SHIELD OF NEW YORK
BLUE SHIELD (NORTH DAKOTA)
BLUE SHIELD (NORTH DAKOTA/WYOMING)
BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
BLUE SHIELD (PENNSYLVANIA)
BLUE SHIELD (RHODE ISLAND)
BLUE SHIELD (SOUTH CAROLINA)
                           00805
                           00820
                           00825
                           00860
                           00870
```

00883	PALMETTO				
00900	BLUE SHIELD (TEXAS)				
00901	TRAILBLAZERS HEALTH ENTERPRISES				
00910	BLUE SHIELD (UTAH)				
00930	BLUE SHIELD (WASHINGTON)				
00951	WISCONSIN PHYSICIANS SERVICE				
00952	WPS - ILLINOIS				
00953	WPS - MICHIGAN				
00954	WI PHYSICIAN SERVICES - MN				
00973	BLUE SHIELD (PUERTO RICO)				
00974	BLUE SHIELD (VIRGIN ISLANDS)				
01010	AETNA (PEORIA)				
01020	AETNA (ALASKA)				
01030	AETNA (ARIZONA)				
01040	AETNA (GEORGIA)				
01120	AETNA (HAWAII)				
01290	AETNA (NEVADA)				
01360	AETNA (NEW MEXICO)				
01370	AETNA (OKLAHOMA)				
01380	AETNA (OREGON)				
01390	AETNA (WASHINGTON)				
02050	OCCIDENTAL (CALIFORNIA)				
05130	EQICOR (IDAHO)				
05440	EQICOR (TENNESSEE)				
05535	EQICOR (NORTH CAROLINA)				
10071	TRAVELERS (RRB)				
10230	TRAVELERS (CONNECTICUT)				
10240	TRAVELERS (MINNESOTA)				
10250	TRAVELERS (MISSISSIPPI)				
10490	TRAVELERS (VIRGINIA)				
10492	TRAVELERS - VIRGINIA SPECIAL PROJECT				
11260	GENERAL AMERICAN				
14330	GROUP HEALTH INC (NEW YORK)				
16360	NATIONWIDE (OHIO)				
16510	NATIONWIDE (WEST VIRGINIA)				
17120	HAWAII MEDICAL SERVICE ASSOCIATION				
21200	MASSACHUSETTS/MAINE				
31140	NATIONAL HERITAGE (CA)				
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)				
31143	NATIONAL HERITAGE INSURANCE CO				
* דאורורמיינים ייטוים פופור טאפ פפינו א	DDED OR CHANGED SINCE: 01/03/2006				
OUIPAILENI PHISICAL IHERAPI/SPEEC	H PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-				
CHOPE DECORIDETON	TEM CHADH END HADE CAC MAME				
SHORT DESCRIPTION	LEN START END TYPE SAS NAME				
31144	MATTONAL HEDITAGE INCHPANCE CO				
31144	NATIONAL HERITAGE INSURANCE CO NATIONAL HERITAGE INSURANCE				
50333					
50333	TRAVELERS (NEW YORK)				
	AETNA (PETALUMA)				
51070	AETNA (GLEADMATER)				
51100	AETNA (CLEARWATER)				
51140	AETNA (PEORIA)				
51390	AETNA (FORT WASHINGTON)				
52280	MUTUAL OF OMAHA				

FOR THIS PROVIDER.

MEDICARE OR MEDICAID VENDOR NUMB	3ER		15	130	144	С	PROV0655
A NUMBER WHICH MAY BE ASSIGNEI	OT C	A FACIL	ITY E	BY THE			
STATE MEDICAID AGENCY FOR EXTE	ERNAL	CONTRO	L OR	BILLIN	G		
PURPOSES.							
COBOL NAME: MEDICAID-VEND-NUM							
PARTICIPATION DATE			8	145	152	С	PROV1565
THE DATE A FACILITY IS FIRST A	APPRO	VED TO	PROVI	DE			
MEDICARE AND/OR MEDICAID SERVI	ICES.						
COBOL NAME: PARTCI-DT							
PRIOR CHANGE OF OWNERSHIP			8	153	160	С	PROV1615
THE DATE OF A PRIOR CHANGE OF	OWNE	RSHTP.	•			_	
COBOL NAME: PRIOR-CHOW-DT	011212						
PRIOR INTERMEDIARY NUMBER			5	161	165	С	PROV1620
A PREVIOUS INTERMEDIARY NUMBER	ว พบร	N	5	101	103	C	11001020
COBOL NAME: PRIOR-INTER-CARRIE							
PROVIDER NUMBER	717 140	1-1	10	166	175	С	PROV1680
A SIX OR TEN POSITION IDENTIF	ר מאייד	ONT NITTIME			_	C	PROVIOU
SIGNED TO A CERTIFIED PROVIDER	_						
IS ISSUED A 6 POSITION NUMERIC					•		
A SUPPLIER IS ISSUED A 10 POSI	LTION	ALPHAN	UMER.	C NUMB	ER.		
COBOL NAME: PROV-NUM			_				
RECORD TYPE			1			С	PROV1720
THIS INDICATOR SPECIFIES THE (	CURRE	NT STAT	US OF	RECOR	D.		
COBOL NAME: RECORD-TYPE							
VALUES: A	ACCE	PTED					
P	PEND	ING					
W	WORK						
REGION CODE			2	177	178	С	PROV1725
THE HCFA REGIONAL OFFICE HAVIN	NG RE	SPONSIB	ILITY	FOR T	HE		
STATE IN WHICH THE PROVIDER IS	S LOC	ATED.					
COBOL NAME: REGION							
VALUES: 01	I	BOSTON	Ī				
02	II	NEW YO	RK				
03	III	PHILAD	ELPHI	A			
04	IV	ATLANT	'A				
05	V						
INDICATES THIS FIELD HAS BEEN AI	ODED	OR CHAN	GED S	SINCE:	01/03	3/2006	5
		RD LAYO					PAGE: 6
UTPATIENT PHYSICAL THERAPY/SPEECH	H PAT	HOLOGY,	CATE	GORY =	"08"	(SEE	POSITIONS 3-
		,					
SHORT DESCRIPTION			LEN	START	END	TYPE	SAS NAME
06	VI	DALLAS					
07		KANSAS		7			
08		DENVER					
09		SAN FRA		CO			
10	X	SEATTL					
OVEL BEOM DEGODD TWO TO TO TO			1	170	1 7 0	a	DD0112045
SKELETON RECORD INDICATOR	. D	ODD	1	179	1/9	Ċ	PROV2045
INDICATES RECORD IS A SKELETON							
ONLY A LIMITED SET OF THE PROV	/1DER	DATA I	S AVA	ATLABLE			

COBOL NAME: SKELETON-IND

VALUES: Y YES

STATE ABBREVIATION 2 180 181 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES: AK ALASKA
AL ALABAMA
AR ARKANSAS

AS AMERICAN SAMOA

AZ ARIZONA
CA CALIFORNIA
CN CANADA
CO COLORADO
CT CONNECTICUT

DC DISTRICT OF COLUMBIA

DE DELAWARE FLFLORIDA GΑ GEORGIA GU GUAM HIHAWAII IOWA IAID IDAHO ILILLINOIS ΤN INDIANA KS KANSAS ΚY KENTUCKY LOUISIANA LΑ MA MASSACHUSETTS MDMARYLAND MEMAINE

MI MICHIGAN
MN MINNESOTA
MO MISSOURI
MP SAIPAN
MS MISSISSIPPI
MT MONTANA
MX MEXICO

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 7
OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION LEN START END TYPE SAS NAME

NC NORTH CAROLINA ND NORTH DAKOTA NENEBRASKA NHNEW HAMPSHIRE NJ NEW JERSEY NMNEW MEXICO NV NEVADA NY NEW YORK OH OHIO OK OKLAHOMA OR OREGON

```
PΑ
                                  PENNSYLVANIA
              PR
                                  PUERTO RICO
              RΙ
                                  RHODE ISLAND
              SC
                                  SOUTH CAROLINA
              SD
                                  SOUTH DAKOTA
              TN
                                  TENNESSEE
              TX
                                  TEXAS
              IJТ
                                  UTAH
              VA
                                  VIRGINIA
              VI
                                  VIRGIN ISLANDS
              VT
                                  VERMONT
              WA
                                  WASHINGTON
              WΙ
                                  WISCONSIN
              WV
                                  WEST VIRGINIA
              WY
                                  WYOMING
                                              2 182 183 C PROV2700
  STATE CODE (SSA)
    TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
    LOCATED.
    COBOL NAME: SSA-STATE
    VALUES:
             01
                                  ALABAMA
              02
                                  ALASKA
              03
                                  ARIZONA
              04
                                  ARKANSAS
              0.5
                                  CALIFORNIA
              06
                                  COLORADO
              07
                                  CONNECTICUT
              80
                                  DELAWARE
              09
                                 DISTRICT OF COLUMBIA
              10
                                  FLORIDA
              11
                                  GEORGIA
              12
                                  HAWAII
              13
                                  IDAHO
              14
                                  ILLINOIS
              15
                                  INDIANA
              16
                                  IOWA
                                  KANSAS
              17
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT
                                                                    PAGE: 8
OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-
                                            LEN START END TYPE SAS NAME
  SHORT DESCRIPTION
              18
                                  KENTUCKY
              19
                                  LOUISIANA
              20
                                  MAINE
              21
                                  MARYLAND
              22
                                  MASSACHUSETTS
              23
                                  MICHIGAN
              24
                                  MINNESOTA
              25
                                  MISSISSIPPI
              26
                                  MISSOURI
              27
                                 MONTANA
              28
                                 NEBRASKA
              29
                                  NEVADA
```

30	NEW HAMPSHIRE
31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO
41	RHODE ISLAND
42	SOUTH CAROLINA
43	SOUTH DAKOTA
44	TENNESSEE
45	TEXAS
46	UTAH
47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA
52	WISCONSIN
53	WYOMING
56	CANADA
59	MEXICO
64	AMERICAN SAMOA
65	GUAM
66	SAIPAN

STATE REGION CODE 3 184 186 C PROV2710

FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION

WITHIN THE STATE WHERE THE FACILITY IS LOCATED

COBOL NAME: STATE-REGION-CD

PROGRAMS.

COBOL NAME: TERM-CD-1

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 9 OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-SHORT DESCRIPTION LEN START END TYPE SAS NAME STREET ADDRESS 50 187 236 C PROV2720 STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: STREET-ADDRESS TELEPHONE NUMBER 10 237 246 C PROV1605 THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM 247 248 C PROV4770 TERMINATION CODE # 1 2 TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID

	VALUES:	00	ACTIVE						
	V112025	01	VOL-MERG	, CLOSE					
		02	VOL-REIM	-					
		03	VOL-RISK	INVOL					
		04	VOL-OTHE	R					
		05	INVOL-FA	IL REQ					
		06	INVOL-AG	REEMNT					
		07	OTH-STAT	US CHG					
				0	240	256	a	DD0114500	
	_	DATE/EXPIRATION DAT THE LABORATORY'S CEF		8 יידסאדאזאיד		∠56	C	PROV4500	
		ATION DATE OF THE CU							
		NON-CLIA PROVIDERS,	_	_	-				
		WAS TERMINATED.							
		E: EXP-DT-1							
	TYPE OF ACT	ION		1	257	257	С	PROV2880	
	IDENTIFIE	S THE PURPOSE FOR WE	HICH THE C	ERTIFICA	TION A	ND			
	TRANSMITT	AL FORM WAS PREPAREI	).						
		E: TYPE-ACTION							
	VALUES:	1	INITIAL						
		2	RECERTIF	_					
		3	TERMINAT						
		4	CHANGE O	F OWNERS	HIP				
	TYPE OF CON	TR∩I.		2	258	259	C	PROV2885	
		THE NATURE OF THE C	RGANIZATI	_			C	1110 12003	
		R OF SERVICES.							
		E: TYPE-CONTROL							
	VALUES:	01	VOL. NON	-PROF. N	OT CHUI	RCH			
		02	VOLUNTAR	Y NON PR	OFIT C	HURCH			
		03	STATE GO	VERNMENT	1				
		04	LOCAL GO	VERNMENT	1				
		05	COMBINAT		RNMENT	& VOI	L.		
		06	PROPRIET	ARY					
*	INDICATES T	HIS FIELD HAS BEEN A	ADDED OR C	HANGED S	SINCE:	01/03	3/200	б	
1D2	ATE: 04/03/2	006 POS	RECORD L	AYOUT				PAGE: 10	
OI	UTPATIENT PH	YSICAL THERAPY/SPEEC	CH PATHOLO	GY, CATE	GORY =	"08"	(SEE	POSITIONS 3	3 –
					~			a. a	
	SHORT DESCR	IPTION		LEN	START	END	TYPE	SAS NAME	
	ZIP CODE			5	260	264	С	PROV2905	
		DIGIT POSTAL CODE FO	DR THE DRO	_	200	201	C	FROVZJOJ	
		E: ZIP-CD							
	FIPS STATE			2	265	266	С	FIPSTATE	
	FIPS STAT							_	
		E: WS-FIPS-STATE							
	FIPS COUNTY			3	267	269	С	FIPCNTY	
	ELDO COLES	my CODE							

3

270 272 C SSAMSACD

1 273 273 C SSAMSASZ

FIPS COUNTY CODE

SSA MSA CODE

SSA MSA CODE

SSA MSA SIZE CODE

SSA MSA SIZE CODE

COBOL NAME: WS-FIPS-CNTY

COBOL NAME: WS-SSA-MSA-CD

COBOL NAME: WS-SSA-MSA-SIZE-CD

4 378 381 C PROV0485 FISCAL YEAR ENDING DATE

THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL

YEAR.

COBOL NAME: FISC-YR-END-DT

OCCUPATIONAL THERAPISTS 7.2 405 411 N PROV1050

THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL

THERAPISTS EMPLOYED BY A PROVIDER.

COBOL NAME: NUM-OCCUP-THERAPISTS

PHYSICAL THERAPISTS 7.2 420 426 N PROV1125

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS

EMPLOYED BY A PROVIDER.

COBOL NAME: NUM-PHYS-THERAPY

2 593 594 C PROV2890 TYPE OF FACILITY

INDICATES THE CATEGORY WHICH REPRESENTS THE TYPE OF

FACILITY.

COBOL NAME: TYPE-FACILITY

VALUES: 01 HOSPITAL

> 02 SKILLED NURSING FACILITY

03 HOME HEALTH AGENCY

REHABILITATION AGENCY

05 PUBLIC CLINIC 06 PRIVATE CLINIC

07 PUBLIC HEALTH AGENCY

RELATED PROVIDER NUMBER 1228 1237 C PROV1755 10

THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.

COBOL NAME: RELATED-PROV-NUM

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 11

OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SPEECH PATHOLOGISTS, AUDIOLOGISTS 7.2 1454 1460 N PROV1220

THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS

OR AUDIOLOGISTS EMPLOYED BY A PROVIDER.

OR AUDIOLOGISTS EMPLOTED 21 1

COBOL NAME: NUM-SPEECH-PATH-AUDIO

1 1498 1498 C PROV1685 DOES FACIL. PROVIDES OPT OCCUP

DOES FACILITY PROVIDE OCCUPATIONAL THERAPY SERVICES ??

COBOL NAME: PROVIDES-OCCUP-THERAPY VALUES: N NO

Y YES

PHYSICAL THERAPIST - ARRANGEMENT 7.2 1499 1505 N PROV1105

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS

EMPLOYED BY ARRANGEMENT IN AN OUTPATIENT PHYSICAL

THERAPY FACILITY.

COBOL NAME: NUM-PHY-THER-ARGNM

PHYSICAL THERAPISTS ON STAFF 7.2 1506 1512 N PROV1120

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY AN OUTPATIENT PHYSICAL THERAPY PROVIDER OR

A HOME HEALTH AGENCY PROVIDER.

COBOL NAME: NUM-PHYS-THERAPISTS

SPEECH PATHOLOGISTS - ARRANGEMENT 7.2 1513 1519 N PROV1215

THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS EMPLOYED BY ARRANGEMENT IN AN OUTPATIENT PHYSICAL

THERAPY FACILITY.

COBOL NAME: NUM-SPEECH-PATH-AR

SPEECH PATHOLOGISTS - TOTAL 7.2 1520 1526 N PROV1210

THE TOTAL NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS ON STAFF AND BY ARRANGEMENT IN AN OUTPATIENT PHYSICAL THERAPY FACILITY.

COBOL NAME: NUM-SPEECH-PATH

SRV: PHYSICAL THERAPY/SPEECH PATH 1 1527 1527 C PROV2500

INDICATES IF PHYSICAL THERAPY AND/OR SPEECH PATHOLOGY SERVICES ARE PROVIDED BY A OUTPATIENT PHYSICAL

SERVICES ARE PROVIDED BY A OUTPATIENT PHYS

THERAPY PROVIDER.

COBOL NAME: SP-SPEECH-AND-PATH

VALUES: 1 PHYSICAL THERAPY 2 SPEECH PATHOLOGY

3 BOTH

4 OCCUPATIONAL THERAPY

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 1

END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CATEGORY - SUBTYPE OF PROVIDER 2 1 2 C PROV0085

A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED

NURSING FACILITIES AND HOSPITALS.

COBOL NAME: CATEGORY-SUBTYPE-IND

VALUES: 01 END STAGE RENAL DISEASE

CATEGORY OF PROVIDER/SUPPLIER 2 3 4 C PROV0075

IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE

PROVIDER OR SUPPLIER.
COBOL NAME: CATEGORY

VALUES: 09 END STAGE RENAL DISEASE FACILITIES

CHANGE OF OWNERSHIP COUNTER 2 5 6 N PROV0095

THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS

TAKEN PLACE FOR A PARTICULAR PROVIDER.

COBOL NAME: CHOW-CNT

8 7 14 C PROV0100 CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT 15 42 C PROV3225 CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY COMPLIANCE: PLAN OF CORRECTION 43 43 C PROV0220 INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC COMPLIANCE: STATUS 1 44 44 C PROV2715 INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE В NOT IN COMPLIANCE COUNTY CODE 47 C PROV2695 45 SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY 10 48 CROSS REFERENCE PROVIDER NUMBER 57 C PROV0300 NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER. COBOL NAME: CROSS-REF-PROV-NUM CURRENT FMS SURVEY DATE 8 58 65 C PROV0500 CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1 \* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2 END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME CURRENT SURVEY DATE 66 73 C PROV2740 THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER. COBOL NAME: SURVEY-DT-1 ELIGIBILITY CODE 74 74 C PROV0455 1 INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: ELIG-CD ELIGIBLE TO PARTICIPATE VALUES: 1 2 NOT ELIGIBLE TO PARTICIPATE FACILITY NAME 50 75 124 C PROV0475 THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: FACILITY-NAME 5 125 129 C PROV0605 INTERMEDIARY NUMBER

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER

SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

00010	BLUE CROSS (ALABAMA)
00011	САНАВА
00020	BLUE CROSS (ARKANSAS)
00030	BLUE CROSS (ARIZONA)
00040	BLUE CROSS (CALIFORNIA)
00060	BLUE CROSS (CONNECTICUT)
00070	BLUE CROSS (DELAWARE)
00090	BLUE CROSS (FLORIDA)
00101	BLUE CROSS (GEORGIA)
00121	HEALTH CARE SERVICE CORPORATION
00122	HCSC - MICHIGAN
00123	HCSC OF MICHIGAN
00130	BLUE CROSS (INDIANA)
00131	ADMINISTAR FEDERAL (CHICAGO)
00140	BLUE CROSS (IOWA/SOUTH DAKOTA)
00150	BLUE CROSS (KANSAS)
00160	BLUE CROSS (KENTUCKY)
00180	BLUE CROSS (MAINE)
00190	BLUE CROSS (MARYLAND)
00200	BLUE CROSS (MASSACHUSETTS)
00210	BLUE CROSS (MICHIGAN)
00220	BLUE CROSS (MINNESOTA)
00230	BLUE CROSS (MISSISSIPPI)
00231	BLUE CROSS (LOUISIANA)
00241	BLUE CROSS (MISSOURI)
00250	BLUE CROSS (MONTANA)
00260	BLUE CROSS (NEBRASKA)
00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE
	00011 00020 00030 00040 00060 00070 00090 00101 00121 00122 00123 00130 00131 00140 00150 00160 00180 00190 00200 00210 00220 00231 00250 00260

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* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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DATE: 04/03/2006	POS RECORD LAYOUT PAGE: 3
END STAGE RENAL DISEASE	FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
00280	BLUE CROSS (NEW JERSEY)
00290	BLUE CROSS (NEW MEXICO)
00308	BLUE CROSS (EMPIRE)
00310	BLUE CROSS (NORTH CAROLINA)
00320	BLUE CROSS (NORTH DAKOTA)
00332	COMMUNITY MUTUAL INSURANCE CO
00340	BLUE CROSS (OKLAHOMA)
00350	BLUE CROSS (OREGON)
00351	BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362	BLUE CROSS (INDEPENDENCE)
00363	BLUE CROSS (WESTERN PENNSYLVANIA)
00366	HIGHMARK MEDICARE SERVICES
00370	BLUE CROSS (RHODE ISLAND)
00380	BLUE CROSS (SOUTH CAROLINA)
00390	BLUE CROSS (TENNESSEE)
00400	BLUE CROSS (TEXAS)
00410	BLUE CROSS (UTAH)
00423	BLUE CROSS (VIRGINIA/WEST VA)

00430 00450 00452 00454	BLUE CROSS (WASHINGTON & ALASKA) BLUE CROSS (WISCONSIN) UNITED GOVT SERVICES USG CALIFORNIA
00460	BLUE CROSS (WYOMING)
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00511	САНАВА
00883	PALMETTO
00901	TRAILBLAZERS HEALTH ENTERPRISES
00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN
01390	AETNA (WASHINGTON)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERITAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 4 END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 15 130 144 C PROV0655 MEDICARE OR MEDICAID VENDOR NUMBER A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM 152 C PROV1565 PARTICIPATION DATE 8 145 THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT PRIOR CHANGE OF OWNERSHIP 153 160 C PROV1615 8 THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT 5 161 165 C PROV1620 PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM PROVIDER NUMBER 10 166 175 C PROV1680 A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER,

A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.

COBOL NAME: PROV-NUM

RECORD TYPE 1 176 C PROV1720

THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.

COBOL NAME: RECORD-TYPE

VALUES: A ACCEPTED
P PENDING
W WORK

REGION CODE 2 177 178 C PROV1725

THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE

STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES:	01	I	BOSTON
	02	II	NEW YORK
	03	III	PHILADELPHIA
	04	IV	ATLANTA
	05	V	CHICAGO
	06	VI	DALLAS
	07	VII	KANSAS CITY
	08	VIII	DENVER
	09	IX	SAN FRANCISCO
	10	X	SEATTLE

SKELETON RECORD INDICATOR 1 179 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE

FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES:

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 5

END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

YES YES

STATE ABBREVIATION 2 180 181 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES:	AK	ALASKA
	AL	ALABAMA
	AR	ARKANSAS
	AS	AMERICAN SAMOA
	AZ	ARIZONA
	CA	CALIFORNIA
	CN	CANADA
	CO	COLORADO
	CT	CONNECTICUT
	DC	DISTRICT OF COLUMBIA
	DE	DELAWARE
	${ t FL}$	FLORIDA
	GΛ	CEODGIA

GA GEORGIA
GU GUAM
HI HAWAII

IOWA ΙA ID IDAHO ILILLINOIS ININDIANA KS KANSAS ΚY KENTUCKY LA LOUISIANA MΑ MASSACHUSETTS MD MARYLAND MEMAINE MΙ MICHIGAN MNMINNESOTA MO MISSOURI MΡ SAIPAN MS MISSISSIPPI MTMONTANA MX MEXICO NC NORTH CAROLINA NDNORTH DAKOTA NENEBRASKA NHNEW HAMPSHIRE NJ NEW JERSEY MM NEW MEXICO NVNEVADA NY NEW YORK OH OHIO OK OKLAHOMA OREGON OR

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 6

END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

PENNSYLVANIA

PR PUERTO RICO RHODE ISLAND RΙ SOUTH CAROLINA SC SOUTH DAKOTA TNTENNESSEE TEXAS ΤX UT UTAH VA VIRGINIA VI VIRGIN ISLANDS VTVERMONT WA WASHINGTON WΙ WISCONSIN WV WEST VIRGINIA WY WYOMING

STATE CODE (SSA) 2 182 183 C PROV2700

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS

LOCATED.

COBOL NAME: SSA-STATE

PA

VALUES: 01 ALABAMA

02	ALASKA
03	ARIZONA
04	ARKANSAS
05	CALIFORNIA
06	COLORADO
07	CONNECTICUT
08	DELAWARE
09	DISTRICT OF COLUMBIA
10	FLORIDA
11	GEORGIA
12	HAWAII
13	IDAHO
14	ILLINOIS
15	INDIANA
16	IOWA
17	KANSAS
18	KENTUCKY
19	LOUISIANA
20	MAINE
21	MARYLAND
22	MASSACHUSETTS
23	MICHIGAN
24	MINNESOTA
25	MISSISSIPPI
26	MISSOURI
27	MONTANA
28	NEBRASKA

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 7

END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

## SHORT DESCRIPTION LEN START END TYPE SAS NAME

29	NEVADA
30	NEW HAMPSHIRE
31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO
41	RHODE ISLAND
42	SOUTH CAROLINA
43	SOUTH DAKOTA
44	TENNESSEE
45	TEXAS
46	UTAH
47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON

51 52 53 56 59 64 65 66	WEST VIRGINIA WISCONSIN WYOMING CANADA MEXICO AMERICAN SAMOA GUAM SAIPAN				
STATE REGION CODE FOR SELECTED STATES, IDENTIF WITHIN THE STATE WHERE THE F COBOL NAME: STATE-REGION-CD		-	L86	С	PROV2710
STREET ADDRESS  STREET ADDRESS OF A PROVIDER PROVIDE MEDICARE AND/OR MEDI COBOL NAME: STREET-ADDRESS	THAT IS CERTIFIED T		236	С	PROV2720
TELEPHONE NUMBER THE 10 DIGIT TELEPHONE NUMBE THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM	10 R OF THE PRIMARY CON			C	PROV1605
TERMINATION CODE # 1 TERMINATION CODE #1, THE REA TERMINATED FROM THE CLIA, ME PROGRAMS. COBOL NAME: TERM-CD-1 VALUES:	SON A FACILITY HAS I	BEEN	248	С	PROV4770
* INDICATES THIS FIELD HAS BEEN	ADDED OR CHANGED SIN	ICE: 01	L/03/	2006	
1DATE: 04/03/2006 PO END STAGE RENAL DISEASE FACIL		)9" (SEI	E POS	SITION	PAGE: 8
	ITIES, CATEGORY = "(				
END STAGE RENAL DISEASE FACIL	ITIES, CATEGORY = "(				NS 3-4)
END STAGE RENAL DISEASE FACIL SHORT DESCRIPTION  00 01 02 03 04 05 06	LEN STATEGORY = "(  LEN STATEGORY = "(  LEN STATEGORY = "(  ACTIVE  VOL-MERG, CLOSE  VOL-REIMBURSE  VOL-RISK INVOL  VOL-OTHER  INVOL-FAIL REQ  INVOL-AGREEMNT  OTH-STATUS CHG  TE 1 8  RTIFICATE TERMINATEI  URRENT CLIA CERTIFIC	249 2 O OR CATE.	T DI	TYPE	NS 3-4)

TYPE OF CONTROL INDICATES THE NATURE OF THE A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL	2 ORGANIZATION THAT	258 OPERATE	259 IS	С	PROV2885
VALUES: 01	FOR PROFIT				
02	NOT FOR PROFIT				
03	PUBLIC				
ZIP CODE	5	260	264	С	PROV2905
THE FIVE DIGIT POSTAL CODE F	OR THE PROVIDER.				
FIPS STATE CODE	2	265	266	С	FIPSTATE
FIPS STATE CODE					
COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	267	269	C	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	270	272	С	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD SSA MSA SIZE CODE	1	273	273	C	SSAMSASZ
SSA MSA SIZE CODE	1	213	2/3	C	SSAMSASZ
COBOL NAME: WS-SSA-MSA-SIZE-	CD				

* INDICATES THIS FIELD HAS BEEN ADDED OR CH. 1DATE: 04/03/2006 POS RECORD LA		INCE:		3/2006	PAGE: 9
END STAGE RENAL DISEASE FACILITIES, CATE				OSITIO	
GUODE DEGGETERAN		C			G1 G 1711/F
SHORT DESCRIPTION	LEN	START	END	LAPE	SAS NAME
DIETICIANS	7.2	371	377	N	PROV0820
NUMBER OF FULL-TIME EQUIVALENT DIETICIAL	NS EMPL	OYED BY	Y A		
FACILITY.					
COBOL NAME: NUM-DIETICIANS	4	270	201	a	DD 0110 4 0 F
FISCAL YEAR ENDING DATE  THE ENDING DATE (MONTH AND DAY) OF A FA				C	PROV0485
YEAR.	СІШІІІ	S FISCE	-717		
COBOL NAME: FISC-YR-END-DT					
OTHER PERSONNEL	7.2	412	418	N	PROV1075
THE NUMBER OF FULL-TIME EQUIVALENT OTHE	R SALAR	IED			
PERSONNEL EMPLOYED BY A FACILITY.					
COBOL NAME: NUM-OTHER-PERSNL					
REGISTERED NURSES	–	473	479	N	PROV1145
THE NUMBER OF FULL-TIME EQUIVALENT REGI					
PROFESSIONAL NURSES EMPLOYED BY A PROVIDE COBOL NAME: NUM-REG-NURS	DER.				
MULTI-FACILITY ORGANIZATION NAME	3.8	850	887	C	PROV0680
THE NAME OF THE MULTI-FACILITY ORGANIZA				C	1100000
THE FACILITY.					
COBOL NAME: NAME-MULT-FACL-ORG					
MULTI-FACILITY ORGANIZATION OWNED	1	888	888	С	PROV0675
INDICATES IF A FACILITY IS OWNED BY AN	ORGANIZ.	ATION			
THAT OWNS (OR LEASES) TWO OR MORE NURSI	NG FACI	LITIES	•		
COBOL NAME: MULT-FACL-ORG					

VALUES: Y YES

RELATED PROVIDER NUMBER  THIS FIELD IS USED WHEN A PROMORE THAN ONE DISTINCT PROVID DISTINCT PART LONG TERM CARE.  WILL BE THE PROVIDER NMBR OF COBOL NAME: RELATED-PROV-NUM SOCIAL WORKERS  THE NUMBER OF FULL TIME EQUIV	OVIDER'S FACILITY CONTAINS DER, SUCH AS A HOSPITAL WITH THE NUMBER IN THIS FIELD THE HIGHEST LEVEL OF CARE.  7.2 1447 1453 N PROV1185
EMPLOYED BY THE AGENCY.	TEENT SOCIAL WORKEN
COBOL NAME: NUM-SOCIAL-WRKS ESRD NETWORK #	2 1528 1529 C PROV0685
THE NUMBER OF THE NETWORK TO	
DIALYSIS FACILITY IS ASSIGNED COBOL NAME: NETWORK-NUM	).
VALUES: 01	CONN-MAINE-MASS-NEW HAMP-RHODE ISLAND-VERMONT
02	NEW YORK
03	NEW JERSEY, PUERTO RICO AND VIRGIN ISLAND
04 05	DELAWARE AND PENNSYLVANIA DIST OF COLUM-MARYLAND-VIRGINIA-WEST VIRGINIA
06	GEORGIA, SOUTH CAROLINA AND NORTH CAROLINA
07	FLORIDA
08	ALABAMA, MISSISSIPPI AND TENNESSEE
1DATE: 04/03/2006 POS	ADDED OR CHANGED SINCE: 01/03/2006  3 RECORD LAYOUT PAGE: 10  TIES, CATEGORY = "09" (SEE POSITIONS 3-4)
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
SHORT DESCRIPTION 09	LEN START END TYPE SAS NAME INDIANA, KENTUCKY AND OHIO
09 10	INDIANA, KENTUCKY AND OHIO ILLINOIS
09 10 11	INDIANA, KENTUCKY AND OHIO ILLINOIS MICH-MINN-NORTH DAKOTA-SOUTH DAKOTA-WISCONSIN
09 10 11 12	INDIANA, KENTUCKY AND OHIO ILLINOIS MICH-MINN-NORTH DAKOTA-SOUTH DAKOTA-WISCONSIN IOWA, KANSAS, MISSOURI AND NEBRASKA
09 10 11 12 13	INDIANA, KENTUCKY AND OHIO ILLINOIS MICH-MINN-NORTH DAKOTA-SOUTH DAKOTA-WISCONSIN IOWA, KANSAS, MISSOURI AND NEBRASKA ARKANSAS, LOUISIANA AND OKLAHOMA
09 10 11 12	INDIANA, KENTUCKY AND OHIO ILLINOIS MICH-MINN-NORTH DAKOTA-SOUTH DAKOTA-WISCONSIN IOWA, KANSAS, MISSOURI AND NEBRASKA
09 10 11 12 13	INDIANA, KENTUCKY AND OHIO ILLINOIS MICH-MINN-NORTH DAKOTA-SOUTH DAKOTA-WISCONSIN IOWA, KANSAS, MISSOURI AND NEBRASKA ARKANSAS, LOUISIANA AND OKLAHOMA TEXAS
09 10 11 12 13 14 15 16	INDIANA, KENTUCKY AND OHIO ILLINOIS MICH-MINN-NORTH DAKOTA-SOUTH DAKOTA-WISCONSIN IOWA, KANSAS, MISSOURI AND NEBRASKA ARKANSAS, LOUISIANA AND OKLAHOMA TEXAS ARIZONA-COLO-NEVADA-NEW MEXI-UTAH AND WYOMING ALASKA, IDAHO, MONTANA, OREGON AND WASHINGTON COUNTIES IN NORTHERN CALIF, HAWAII, AS, GUAM
09 10 11 12 13 14 15	INDIANA, KENTUCKY AND OHIO ILLINOIS MICH-MINN-NORTH DAKOTA-SOUTH DAKOTA-WISCONSIN IOWA, KANSAS, MISSOURI AND NEBRASKA ARKANSAS, LOUISIANA AND OKLAHOMA TEXAS ARIZONA-COLO-NEVADA-NEW MEXI-UTAH AND WYOMING ALASKA, IDAHO, MONTANA, OREGON AND WASHINGTON
09 10 11 12 13 14 15 16 17 18  NUMBER OF PATIENTS TUE. 4TH SHI NUMBER OF PATIENTS TUE. 4TH SH	INDIANA, KENTUCKY AND OHIO ILLINOIS MICH-MINN-NORTH DAKOTA-SOUTH DAKOTA-WISCONSIN IOWA, KANSAS, MISSOURI AND NEBRASKA ARKANSAS, LOUISIANA AND OKLAHOMA TEXAS ARIZONA-COLO-NEVADA-NEW MEXI-UTAH AND WYOMING ALASKA, IDAHO, MONTANA, OREGON AND WASHINGTON COUNTIES IN NORTHERN CALIF, HAWAII, AS, GUAM COUNTIES IN SOUTHERN CALIFORNIA  EFT 3 1530 1532 N PROV5540 SHIFT
09 10 11 12 13 14 15 16 17 18  NUMBER OF PATIENTS TUE. 4TH SHI NUMBER OF PATIENTS TUE. 4TH SE	INDIANA, KENTUCKY AND OHIO ILLINOIS MICH-MINN-NORTH DAKOTA-SOUTH DAKOTA-WISCONSIN IOWA, KANSAS, MISSOURI AND NEBRASKA ARKANSAS, LOUISIANA AND OKLAHOMA TEXAS ARIZONA-COLO-NEVADA-NEW MEXI-UTAH AND WYOMING ALASKA, IDAHO, MONTANA, OREGON AND WASHINGTON COUNTIES IN NORTHERN CALIF, HAWAII, AS, GUAM COUNTIES IN SOUTHERN CALIFORNIA  EFT 3 1530 1532 N PROV5540 SHIFT SHIFT-4
09 10 11 12 13 14 15 16 17 18  NUMBER OF PATIENTS TUE. 4TH SHI NUMBER OF PATIENTS TUE. 4TH SH	INDIANA, KENTUCKY AND OHIO ILLINOIS MICH-MINN-NORTH DAKOTA-SOUTH DAKOTA-WISCONSIN IOWA, KANSAS, MISSOURI AND NEBRASKA ARKANSAS, LOUISIANA AND OKLAHOMA TEXAS ARIZONA-COLO-NEVADA-NEW MEXI-UTAH AND WYOMING ALASKA, IDAHO, MONTANA, OREGON AND WASHINGTON COUNTIES IN NORTHERN CALIF, HAWAII, AS, GUAM COUNTIES IN SOUTHERN CALIFORNIA  EFT 3 1530 1532 N PROV5540 SHIFT SHIFT-4 3 1533 1535 N PROV1230 ESIS STATIONS IN AN END ACILITY.
09 10 11 12 13 14 15 16 17 18  NUMBER OF PATIENTS TUE. 4TH SHI NUMBER OF PATIENTS TUE. 4TH S COBOL NAME: NUM-PATIENT-TUE-S STATIONS - HEMODIALYSIS THE TOTAL NUMBER OF HEMODIALY STAGE RENAL DISEASE (ESRD) FA	INDIANA, KENTUCKY AND OHIO ILLINOIS MICH-MINN-NORTH DAKOTA-SOUTH DAKOTA-WISCONSIN IOWA, KANSAS, MISSOURI AND NEBRASKA ARKANSAS, LOUISIANA AND OKLAHOMA TEXAS ARIZONA-COLO-NEVADA-NEW MEXI-UTAH AND WYOMING ALASKA, IDAHO, MONTANA, OREGON AND WASHINGTON COUNTIES IN NORTHERN CALIF, HAWAII, AS, GUAM COUNTIES IN SOUTHERN CALIFORNIA  SFT 3 1530 1532 N PROV5540 SHIFT SHIFT-4 3 1533 1535 N PROV1230 SSIS STATIONS IN AN END ACILITY.  O 3 1536 1538 N PROV2855 DIALYSIS STATIONS IN AN

* INDICATES THIS FIELD HAS BEEN ADDED OR CH 1DATE: 04/03/2006 POS RECORD LA NURSING FACILITIES, CATEGORY = "	YOUT		,	,	PAGE: 1
SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGOR NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 02 TITLE 19	Y FOR			С	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST I PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY		-	_	С	PROV0075
VALUES: 10 NURSING F	ACILIT	IES			
CHANGE OF OWNERSHIP COUNTER  THE NUMBER OF TIMES A CHANGE OF OWNERSH  TAKEN PLACE FOR A PARTICULAR PROVIDER.  COBOL NAME: CHOW-CNT	_	5 OW) HAS	-	N	PROV0095
CHANGE OF OWNERSHIP DATE  EFFECTIVE DATE OF A CHANGE OF OWNERSHIP  COBOL NAME: CHOW-DT	•	7	14	С	PROV0100
CITY  CITY IN WHICH THE PROVIDER IS PHYSICALL  COBOL NAME: CITY	28 Y LOCA		42	С	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANC REQUIREMENTS BASED ON AN ACCEPTABLE PLA OF DEFICIENCIES.	E WITH		M	С	PROV0220

COBOL NAME: COMPL-ACCEPT-PLAN-COR

VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC

COMPLIANCE: STATUS 1 44 44 C PROV2715

INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE

WITH PROGRAM REQUIREMENTS.
COBOL NAME: STATUS-COMPL

VALUES: A IN COMPLIANCE

B NOT IN COMPLIANCE

COUNTY CODE 3 45 47 C PROV2695

SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY

IS LOCATED.

COBOL NAME: SSA-COUNTY

CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300

NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.

COBOL NAME: CROSS-REF-PROV-NUM

CURRENT FMS SURVEY DATE 8 58 65 C PROV0500

CURRENT FMS SURVEY DATE
COBOL NAME: FMS-SURVEY-DT-1

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CURRENT SURVEY DATE 8 66 73 C PROV2740

THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR

THE PROVIDER.

COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE 1 74 74 C PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN

THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE

NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 50 75 124 C PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO

PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 125 129 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER

SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES: 00452 UNITED GOVT SERVICES

00454 USG CALIFORNIA

00511 CAHABA 00883 PALMETTO

00952 WPS - ILLINOIS 00953 WPS - MICHIGAN

00954 WI PHYSICIAN SERVICES - MN

01390 31142 31143 31146	AETNA (WA NATIONAL NATIONAL NATIONAL	нгртта <i>с</i> г	TNCHRANCE	•	AINE)
MEDICARE OR MEDICAID VENDOR NUM A NUMBER WHICH MAY BE ASSIGNE STATE MEDICAID AGENCY FOR EXT PURPOSES.	D TO A FAC	LILITY BY	THE	С	PROV0655
COBOL NAME: MEDICAID-VEND-NUM PARTICIPATION DATE THE DATE A FACILITY IS FIRST MEDICARE AND/OR MEDICAID SERV COBOL NAME: PARTCI-DT	APPROVED T	_	145 152 E	С	PROV1565
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF COBOL NAME: PRIOR-CHOW-DT	OWNERSHIP	-	153 160	С	PROV1615
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBE COBOL NAME: PRIOR-INTER-CARRI		5	161 165	С	PROV1620
* INDICATES THIS FIELD HAS BEEN A 1DATE: 04/03/2006 POS NURSING FACILITIES, CA	RECORD LA	YOUT	•		PAGE: 3
SHORT DESCRIPTION		LEN S	TART END	TYPE	SAS NAME
PROVIDER NUMBER A SIX OR TEN POSITION IDENTIF SIGNED TO A CERTIFIED PROVIDE IS ISSUED A 6 POSITION NUMERI A SUPPLIER IS ISSUED A 10 POS COBOL NAME: PROV-NUM	R OR SUPPL C OR ALPHA	MBER THAT IER. A I NUMERIC I	PROVIDER NUMBER,	С	PROV1680
RECORD TYPE THIS INDICATOR SPECIFIES THE COBOL NAME: RECORD-TYPE VALUES: A P W	CURRENT ST  ACCEPTED  PENDING  WORK	1 ATUS OF 1		С	PROV1720
REGION CODE THE HCFA REGIONAL OFFICE HAVI STATE IN WHICH THE PROVIDER I COBOL NAME: REGION			177 178 FOR THE	С	PROV1725
VALUES: 01	I BOST	ON			
02		YORK			
03		ADELPHIA			
04	IV ATLA				
05	V CHIC				
06 07	VI DALL				
07	VII KANS VIII DENV	AS CITY			
08		RANCISCO			
10	X SEAT				

SKELETON RECORD INDICATOR 1 179 179 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE

FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES: Y YES

STATE ABBREVIATION 2 180 181 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES: AK ALASKA
AL ALABAMA
AR ARKANSAS

AS AMERICAN SAMOA

AZ ARIZONA
CA CALIFORNIA
CN CANADA
CO COLORADO
CT CONNECTICUT

DC DISTRICT OF COLUMBIA

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 4

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

DE DELAWARE FLFLORIDA GΑ **GEORGIA** GU GUAM HIHAWAII ΙA IOWA ID IDAHO ILLINOIS TT. ΙN INDIANA KS KANSAS ΚY KENTUCKY LA LOUISIANA MASSACHUSETTS MΑ MD MARYLAND ME MAINE MΙ MICHIGAN MN MINNESOTA MO MISSOURI MΡ SAIPAN MS MISSISSIPPI MTMONTANA MXMEXICO NCNORTH CAROLINA NDNORTH DAKOTA NEBRASKA NEW HAMPSHIRE

NE NEBRASKA
NH NEW HAMPSHIRI
NJ NEW JERSEY
NM NEW MEXICO
NV NEVADA

NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT	VERMONT
WA	WASHINGTON
WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 5

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

STATE CODE (SSA) 2 182 183 C PROV2700

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS

LOCATED.

COBOL NAME: SSA-STATE

CODOL MIL	D DDII DIIIID	
VALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA
	04	ARKANSAS
	05	CALIFORNIA
	06	COLORADO
	07	CONNECTICUT
	08	DELAWARE
	09	DISTRICT OF COLUMBIA
	10	FLORIDA
	11	GEORGIA
	12	HAWAII
	13	IDAHO
	14	ILLINOIS
	15	INDIANA
	16	AWOI
	17	KANSAS
	18	KENTUCKY
	19	LOUISIANA
	20	MAINE
	21	MARYLAND
	22	MASSACHUSETTS
	23	MICHIGAN
	24	MINNESOTA
	25	MISSISSIPPI
	26	MISSOURI

28	NEBRASKA
29	NEVADA
30	NEW HAMPSHIRE
31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO
41	RHODE ISLAND
42	SOUTH CAROLINA
43	SOUTH DAKOTA
44	TENNESSEE

MONTANA

27

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 PAGE: 6

1DATE: 04/03/2006	POS RECORD LAYOUT				PAGE: 6
NURSING FACILITIES,	CATEGORY = "10" (	SEE POSI	TIONS	3-4)	
SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
45	TEXAS				
46	UTAH				
47	VERMONT				
48	VIRGIN ISLANDS				
49	VIRGINIA				
50	WASHINGTON				
51	WEST VIRGINIA				
52	WISCONSIN				
53	WYOMING				
56	CANADA				
59	MEXICO				
64	AMERICAN SAMOA				
65	GUAM				
66	SAIPAN				
STATE REGION CODE	3	184	186	С	PROV2710
FOR SELECTED STATES, IDENT	IFIES THE PARTICUL	AR REGIO	N		
WITHIN THE STATE WHERE THE	FACILITY IS LOCAT	ED			
COBOL NAME: STATE-REGION-C	D				
STREET ADDRESS	50	187	236	С	PROV2720
STREET ADDRESS OF A PROVID	ER THAT IS CERTIFI	ED TO			
PROVIDE MEDICARE AND/OR ME	DICAID SERVICES.				
COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	237	246	C	PROV1605
THE 10 DIGIT TELEPHONE NUM	BER OF THE PRIMARY	CONTACT	OR		
THE OPERATOR OF A PROVIDER	•				
COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	247	248	C	PROV4770
TERMINATION CODE #1, THE R	EASON A FACILITY H	AS BEEN			
TERMINATED FROM THE CLIA,	MEDICARE AND/OR ME	DICAID			
PROGRAMS.					

COBOL NAME: TERM-CD-1

VALUES: 00 ACTIVE

01 VOL-MERG, CLOSE
02 VOL-REIMBURSE
03 VOL-RISK INVOL
04 VOL-OTHER

05 INVOL-FAIL REQ 06 INVOL-AGREEMNT 07 OTH-STATUS CHG

TERMINATION DATE/EXPIRATION DATE 1 8 249 256 C PROV4500

THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE

FACILITY WAS TERMINATED. COBOL NAME: EXP-DT-1

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 7

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

TYPE OF ACTION 1 257 257 C PROV2880

IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND

TRANSMITTAL FORM WAS PREPARED.

COBOL NAME: TYPE-ACTION

VALUES: 1 INITIAL

2 RECERTIFICATION
3 TERMINATION

4 CHANGE OF OWNERSHIP

TYPE OF CONTROL 2 258 259 C PROV2885

INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES

A PROVIDER OF SERVICES.
COBOL NAME: TYPE-CONTROL

VALUES: 01 FOR PROFIT - INDIVIDUAL
02 FOR PROFIT - PARTNERSHIP

03 FOR PROFIT - CORPORATION
04 NONPROFIT - CHURCH RELATED
05 NONPROFIT - CORPORATION

06 NONPROFIT - OTHER 07 GOVERNMENT - STATE

08 GOVERNMENT - COUNTY 09 GOVERNMENT - CITY

10 GOVERNMENT - CITY/COUNTY

11 GOVERNMENT - HOSPITAL DISTRICT

12 GOVERNMENT - FEDERAL

ZIP CODE 5 260 264 C PROV2905

THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.

COBOL NAME: ZIP-CD

FIPS STATE CODE 2 265 266 C FIPSTATE

FIPS STATE CODE

COBOL NAME: WS-FIPS-STATE

3 267 269 C FIPCNTY FIPS COUNTY CODE FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY 3 270 272 C SSAMSACD SSA MSA CODE SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD SSA MSA SIZE CODE 1 273 273 C SSAMSASZ SSA MSA SIZE CODE COBOL NAME: WS-SSA-MSA-SIZE-CD BEDS - TOTAL 291 294 N PROV0740 TOTAL NUMBER OF BEDS IN A FACILITY, INCLUDING THOSE

IN NON-PARTICIPATING OR NON-LICENSED AREAS.

COBOL NAME: NUM-BEDS

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 8 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME SHORT DESCRIPTION BEDS - TOTAL CERTIFIED 295 298 N PROV0755 4 NUMBER OF BEDS IN MEDICARE AND/OR MEDICAID CERTIFIED AREAS WITHIN A FACILITY. COBOL NAME: NUM-CERT-BEDS

COMPLIANCE: LIFE SAFETY CODE 1 356 356 C PROV0240

INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN

RECOMMENDED FOR A PROVIDER.

COBOL NAME: COMPL-LSC

VALUES: 1 WAIVER RECOMMENDED

359 359 C PROV0290 COMPLIANCE: 24 HR REGISTERED NURSE

INDICATES IF A WAIVER OF THE 24 HOUR REGISTERED NURSE

REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY.

COBOL NAME: COMPL-24-HR-RN

VALUES: 1 WAIVER RECOMMENDED

FISCAL YEAR ENDING DATE 4 378 381 C PROV0485

THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL

YEAR.

COBOL NAME: FISC-YR-END-DT

PROGRAM PARTICIPATION 1 434 434 C PROV1670

INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE,

MEDICAID, OR BOTH PROGRAMS.

COBOL NAME: PROG-PARTCI

VALUES: 2 MEDICAID ONLY

1 470 470 C PROV1545 REGIONAL OVERRIDE #1 (NUMBER BEDS)

THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE

ODIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-1

VALUES: Y RECORD HAS BEEN APPROVED

1 471 471 C PROV1550 REGIONAL OVERRIDE #2 (STAFFING)

THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE

ODIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-2

VALUES: Y RECORD HAS BEEN APPROVED

7.2 596 602 N PROV0695 ACTIVITY PROFESSIONAL - CONTRACT

THE NUMBER OF FULL TIME EQUIVALENT ACTIVITIES PROFESSIONALS UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-ACT-THER-CONTRACT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 9

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

LEN START END TYPE SAS NAME SHORT DESCRIPTION ACTIVITY PROFESSIONAL - FULL TIME 7.2 603 609 N PROV0700 THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES PROFESSIONALS EMPLOYED FULL TIME BY A FACILITY. COBOL NAME: NUM-ACT-THER-FULL-TIME ACTIVITY PROFESSIONAL - PART TIME 7.2 610 616 N PROV0705

THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES PROFESSIONALS EMPLOYED PART TIME BY A FACILITY. COBOL NAME: NUM-ACT-THER-PART-TIME

ADMINISTRATION - CONTRACT

EMPLOYED ON A PART-TIME BASIS BY A FACILITY.

7.2 617 623 N PROV0710 THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-ADMN-CONTRACT

ADMINISTRATOR - FULL TIME 7.2 624 630 N PROV0715 THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF EMPLOYED ON A FULL TIME BASIS BY A FACILITY.

COBOL NAME: NUM-ADMN-FULL-TIME

ADMINISTRATOR - PART TIME 7.2 631 637 N PROV0720 THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF

COBOL NAME: NUM-ADMN-PART-TIME

642 645 N PROV1455 BEDS - NURSING FACILITY NUMBER OF MEDICAID CERTIFIED SKILLED NURSING CARE

COBOL NAME: NUM-T19-SNF-BEDS

BEDS IN A FACILITY.

CERT NURSE AIDES - CONTRACT 7.2 650 656 N PROV1000 THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE

AIDES UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-NURSE-AID-CONTRACT 7.2 657 663 N PROV1005 CERT NURSE AIDES - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-NURSE-AID-FULL-TIME

7.2 664 670 N PROV1010 CERT NURSE AIDES - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE

AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-NURSE-AID-PART-TIME

COMPLIANCE: BEDS PER ROOM WAIVER 1 672 672 C PROV0225

INDICATES IF A WAIVER OF THE BEDS PER ROOM REQUIREMENT

HAS BEEN RECOMMENDED FOR A FACILITY.

COBOL NAME: COMPL-BEDS-PER-ROOM

VALUES: 1 WAIVER RECOMMENDED

COMPLIANCE: PATIENT ROOM SIZE 1 673 673 C PROV0270

INDICATES IF A WAIVER OF PATIENT ROOM SIZE HAS BEEN

RECOMMENDED FOR A FACILITY.

COBOL NAME: COMPL-PATIENT-ROOM-SZ

VALUES: 1 WAIVER RECOMMENDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 10

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

COMPLIANCE: 7 DAY REGISTERED NURSE 1 674 C PROV0295

INDICATES IF A WAIVER OF THE 7 DAY REGISTERED NURSE REOUIREMENTS HAS BEEN RECOMMENDED FOR A SNF OR NF.

COBOL NAME: COMPL-7-DAY-RN

VALUES: 1 WAIVER RECOMMENDED

DENTISTS - CONTRACT 7.2 675 681 N PROV0785

THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-DENTIST-CONTRACT

DENTISTS - FULL TIME 7.2 682 688 N PROV0790

THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED

BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-DENTIST-FULL-TIME

DENTISTS - PART TIME 7.2 689 695 N PROV0795

THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED

BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-DENTIST-PART-TIME

DIETITIANS - CONTRACT 7.2 696 702 N PROV0805

THE NUMBER OF FULL-TIME EQUIVALENT UNDER CONTRACT TO

A FACILITY.

COBOL NAME: NUM-DIET-CONTRACT

DIETITIANS - FULL TIME 7.2 703 709 N PROV0810

THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS

EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-DIET-FULL-TIME

DIETITIANS - PART TIME 7.2 710 716 N PROV0815

THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS EMPLOYED

BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-DIET-PART-TIME

EXPERIMENTAL RESEARCH CONDUCTED 1 717 717 C PROV0465

INDICATES IF A FACILITY USES RESIDENTS TO DEVELOP AND

TEST CLINICAL TREATMENTS.

COBOL NAME: EXPER-RESEARCH

VALUES: Y YES

7.2 718 724 N PROV0860 FOOD SERVICE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-FOOD-SRV-CONTRACT FOOD SERVICE - FULL TIME 7.2 725 731 N PROV0865 THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-FOOD-SRV-FULL-TIME FOOD SERVICE - PART TIME 7.2 732 738 N PROV0870 THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-FOOD-SRV-PART-TIME \* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 11 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 7.2 739 745 N PROV0925 HOUSEKEEPING - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-HOUSE-CONTRACT 7.2 746 752 N HOUSEKEEPING - FULL TIME PROV0930 THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-HOUSE-FULL-TIME 7.2 753 759 N PROV0935 HOUSEKEEPING - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-HOUSE-PART-TIME LPN/LVN - CONTRACT 7.2 760 766 N PROV1465 THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-VOC-NURSE-CONTRACT LPN/LVN - FULL TIME 7.2 767 773 N PROV1470 THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-VOC-NURSE-FULL-TIME 774 780 N PROV1475 LPN/LVN - PART TIME 7.2 THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-VOC-NURSE-PART-TIME 781 786 C PROV0640 LTC CROSS REFERENCE PROVIDER # THIS CROSS REFERENCE NUMBER IDENTIFIES LTC PROVIDER NUMBERS THAT WERE TERMINATED IN 1985 BECAUSE OF POLICY CHANGES WHICH STATES THAT SNF/ICF DISTINCT PARTS OR DUA LLY CERTIFIED PORTIONS ARE ASSIGNED SINGLE SNF PROV NO. COBOL NAME: LTC-CROSS-REF-PROV-NUM MEDICAL DIRECTOR - CONTRACT 7.2 787 793 N PROV0960 THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS UNDER CONTRCAT TO A FACILITY.

COBOL NAME: NUM-MED-CONTRACT

7.2 794 800 N PROV0965 MEDICAL DIRECTOR - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-MED-FULL-TIME MEDICAL DIRECTOR - PART TIME 7.2 801 807 N PROV0970 THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-MED-PART-TIME MEDICATION AIDES/TECHS-CONTRACT 7.2 808 814 N PROV5180 THE NUMBER OF FULL-TIMR EQUIVALENT MEDICATION AIDES/ TECHNICIANS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-MED-AID-CONTRACT \* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 12 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME MEDICATION AIDES/TECHS-FULL TIME 7.2 815 821 N PROV5170 THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/ TECHNICIANS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-MED-AID-FULL-TIME MEDICATION AIDES/TECHS-PART TIME 7.2 822 828 N PROV5175 THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/ TECHNICIANS EMPLOYED BYA FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-MED-AID-PART-TIME MENTAL HEALTH SERVICES - CONTRACT 7.2 829 835 N PROV0980 THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-MEN-HLTH-CONTRACT 7.2 836 842 N PROV0985 MENTAL HEALTH SERVICES - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-MEN-HLTH-FULL-TIME 7.2 843 849 N PROV0990 MENTAL HEALTH SERVICES - PART TIME THE NUMBER OF FULL TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-MEN-HLTH-PART-TIME MULTI-FACILITY ORGANIZATION NAME 38 850 887 C PROV0680 THE NAME OF THE MULTI-FACILITY ORGANIZATION THAT OWNS THE FACILITY. COBOL NAME: NAME-MULT-FACL-ORG MULTI-FACILITY ORGANIZATION OWNED 888 888 C PROV0675 INDICATES IF A FACILITY IS OWNED BY AN ORGANIZATION THAT OWNS (OR LEASES) TWO OR MORE NURSING FACILITIES. COBOL NAME: MULT-FACL-ORG VALUES: Y YES NURSE AIDES IN TRNG - CONTRACT 7.2 889 895 N PROV5165 NUMBER OF FULL TIME EQUIVALENT NURSE AIDES IN TRAINING

UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-AID-TRNG-CONTRACT

NURSE AIDES IN TRNG-FULL TIME 7.2 896 902 N PROV5155

THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN

TRAINING EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-AID-TRNG-FULL-TIME

NURSE AIDES IN TRNG-PART TIME 7.2 903 909 N PROV5160

THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN

TRAINING EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-AID-TRNG-PART-TIME

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 13

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

NURSES WITH ADMIN DUTIES-CONTRACT 7.2 910 916 N PROV5150

THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH

ADMINISTRATIVE DUTIES UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-NURSE-ADM-CONTRACT

NURSES WITH ADMIN DUTIES-FULL TIME 7.2 917 923 N PROV5135

THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH

ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A FULL

TIME BASIS.

COBOL NAME: NUM-NURSE-ADM-FULL-TIME

NURSES WITH ADMIN DUTIES-PART TIME 7.2 924 930 N PROV5145

NUMBER OF FULL-TIME EQUIVALENT NURSES WITH

ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A

PART TIME BASIS.

COBOL NAME: NUM-NURSE-ADM-PART-TIME

OCCUP THERAPY AIDE - CONTRACT 7.2 931 937 N PROV1020

THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL

THERAPY AIDES UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-OCC-AID-CONTRACT

OCCUP THERAPY AIDE - FULL TIME 7.2 938 944 N PROV1025

THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY

AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-OCC-AID-FULL-TIME

OCCUP THERAPY AIDE - PART TIME 7.2 945 951 N PROV1030

THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY

AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-OCC-AID-PART-TIME

OCCUP THERAPY ASST - CONTRACT 7.2 952 958 N PROV5195

THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPY

ASSISTANTS UNDER CONTRCAT TO A FACILITY.

COBOL NAME: NUM-OCC-ASST-CONTRACT

OCCUP THERAPY ASST - FULL TIME 7.2 959 965 N PROV5185

THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY

ASSISTANTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-OCC-ASST-FULL-TIME

OCCUP THERAPY ASST - PART TIME 7.2 966 972 N PROV5190

THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY

ASSISTANTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-OCC-ASST-PART-TIME

OCCUPATIONAL THERAPIST - CONTRACT 7.2 973 979 N PROV1035

THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL

THERAPISTS UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-OCC-THER-CONTRACT

OCCUPATIONAL THERAPIST - FULL TIME 7.2 980 986 N PROV1040

THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL

THERAPISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-OCC-THER-FULL-TIME

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 14

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

OCCUPATIONAL THERAPIST - PART TIME 7.2 987 993 N PROV1045

THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL

THERAPISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-OCC-THER-PART-TIME

ORGANIZED FAMILY GROUP 1 994 994 C PROV1535

INDICATES IF THE FACILITY HAS AN ORGANIZED GROUP OF

FAMILY MEMBERS OF RESIDENTS.

COBOL NAME: ORG-FAMILY-GRP

VALUES: Y YES

ORGANIZED RESIDENT GROUP 1 995 995 C PROV1540

INDICATES IF THE FACILITY HAS AN ORGANIZED RESIDENTS

GROUP.

COBOL NAME: ORG-RESID-GRP

VALUES: Y YES

OTHER - CONTRACT 7.2 996 1002 N PROV3265

THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED

IN ANY OTHER CATEGORIES UNDER CONTRACT TO THE FACILITY.

COBOL NAME: NUM-OTH-CONTRACT

OTHER - FULL TIME 7.2 1003 1009 N PROV3245

THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS.

COBOL NAME: NUM-OTH-FULL-TIME

OTHER - PART TIME 7.2 1010 1016 N PROV3255

THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A PART-TIME BASIS.

COBOL NAME: NUM-OTH-PART-TIME

OTHER ACTIVITIES STAFF-CONTRACT 7.2 1017 1023 N PROV5270

NUMBER OF CONTRACT STAFF HOURS FOR OTHER ACTIVITIES.

COBOL NAME: NUM-OTH-ACT-CONTRACT

OTHER ACTIVITIES STAFF-FULL TIME 7.2 1024 1030 N PROV5260

NUMBER OF FULL-TIME STAFF HOURS FOR OTHER ACTIVITIES.

COBOL NAME: NUM-OTH-ACT-FULL-TIME

OTHER ACTIVITIES STAFF-PART TIME 7.2 1031 1037 N PROV5305

NUMBER OF PART TIME STAFF HOURS PROVIDED BY OTHER ACTIV

ITIES STAFF.

COBOL NAME: NUM-OTH-ACT-PART-TIME

OTHER PHYSICIAN - CONTRACT 7.2 1038 1044 N PROV1060

THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS

UNDER CONTRACT TO A FACILITY

COBOL NAME: NUM-OTH-PHY-CONTRACT

OTHER PHYSICIAN - FULL TIME 7.2 1045 1051 N PROV1065

THE NUMBER OF FULL-TIME EOUIVALENT OTHER PHYSICIANS

EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-OTH-PHY-FULL-TIME

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 15

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

OTHER PHYSICIAN - PART TIME 7.2 1052 1058 N PROV1070

THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS

EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-OTH-PHY-PART-TIME

7.2 1059 1065 N PROV5300 OTHR SOCIAL SERV STAFF-CONTRACT

NUMBER OF CONTRACT STAFF HOURS PROVIDED BY OTHER SOCIAL

SERVICES STAFF.

COBOL NAME: NUM-OTH-SOC-CONTRACT

OTHR SOCIAL SERV STAFF-FULL TIME 7.2 1066 1072 N PROV5290

NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY OTHER SOCIA

L SERVICES STAFF.

COBOL NAME: NUM-OTH-SOC-FULL-TIME

OTHR SOCIAL SERV STAFF-PART TIME 7.2 1073 1079 N PROV5295

NUMBER OF PART-TIME STAFF HOURS PROVIDED BY OTHER SOCIA

L SERVICES STAFF.

COBOL NAME: NUM-OTH-SOC-PART-TIME

PHARMACISTS - CONTRACT 7.2 1080 1086 N PROV1085

THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS UNDER

CONTRACT TO A FACILITY.

COBOL NAME: NUM-PHAR-CONTRACT 7.2 1087 1093 N PROV1090 PHARMACISTS - FULL TIME

THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED

BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-PHAR-FULL-TIME

7.2 1094 1100 N PROV1095 PHARMACISTS - PART TIME

THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED

BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-PHAR-PART-TIME

PHYS THER ASST - CONTRACT 7.2 1101 1107 N PROV5210

NUMBER OF CONTRACT STAFF HOURS FOR PHYSICAL THERAPY ASS

ISTANTS.

COBOL NAME: NUM-THER-ASST-CONTRACT

PHYS THER ASST - FULL TIME 7.2 1108 1114 N PROV5200

NUMBER OF FULL-TIME STAFF HOURS FOR PHYSICAL THERAPY AS

SISTANTS.

COBOL NAME: NUM-THER-ASST-FULL-TIME

PHYS THER ASST - PART TIME 7.2 1115 1121 N PROV5205

NUMBER OF PART-TIME STAFF HOURS FOR PHYSICAL THERAPY AS

SISTANTS.

COBOL NAME: NUM-THER-ASST-PART-TIME

PHYSICAL THERAPISTS - CONTRACT 7.2 1122 1128 N PROV1430

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS

UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-THER-CONTRACT

7.2 1129 1135 N PROV1435 PHYSICAL THERAPISTS - FULL TIME

THE NUMBER OF FULL TIME EQUIVALENT PHYSICAL THERAPISTS

EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-THER-FULL-TIME

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 16

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

7.2 1136 1142 N PROV1440 PHYSICAL THERAPISTS - PART TIME

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS

EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-THER-PART-TIME

PHYSICAL THERAPY AIDE - CONTRACT 7.2 1143 1149 N PROV1415

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY

AIDE UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-THER-AID-CONTRACT
PHYSICAL THERAPY AIDE - FULL TIME 7.2 1150 1156 N PROV1420

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-THER-AID-FULL-TIME

PHYSICAL THERAPY AIDE - PART TIME 7.2 1157 1163 N PROV1425

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY

AIDE EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-THER-AID-PART-TIME

7.2 1164 1170 N PROV3270 PHYSICIAN EXTENDER - CONTRACT

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS

UNDER CONTRACT TO THE FACILITY.

COBOL NAME: NUM-PHYS-EXT-CONTRACT

7.2 1171 1177 N PROV3250 PHYSICIAN EXTENDER - FULL TIME

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS

EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS.

COBOL NAME: NUM-PHYS-EXT-FULL-TIME

PHYSICIAN EXTENDER - PART TIME 7.2 1178 1184 N PROV3260

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS

EMPLOYED BY THE FACILITY ON A PART-TIME BASIS.

COBOL NAME: NUM-PHYS-EXT-PART-TIME

PODIATRISTS - CONTRACT 7.2 1185 1191 N PROV1130

THE NUMBER OF FULL TIME EQUIVALENT PODIATRISTS UNDER

CONTRACT TO A FACILITY.

COBOL NAME: NUM-POD-CONTRACT

PODIATRISTS - FULL TIME 7.2 1192 1198 N PROV1135

THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED

BY A AFCILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-POD-FULL-TIME

PODIATRISTS - PART TIME 7.2 1199 1205 N PROV1140

THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED

BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-POD-PART-TIME

1 1206 1206 C PROV1675 PROVIDER BASED FACILITY

INDICATES IF A LONG TERM CARE FACILITY IS PROVIDER

BASED.

COBOL NAME: PROV-BASED-FACILITY

COBOL NAME: NUM-SOCIAL-FULL-TIME

VALUES: Y HOSPITAL BASED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 17 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME REGISTERED NURSE - CONTRACT 7.2 1207 1213 N PROV1150 THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-REG-NURSE-CONTRACT REGISTERED NURSE - FULL TIME 7.2 1214 1220 N PROV1155 THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-REG-NURSE-FULL-TIME 7.2 1221 1227 N PROV1160 REGISTERED NURSE - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-REG-NURSE-PART-TIME 10 1228 1237 C PROV1755 RELATED PROVIDER NUMBER THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE. COBOL NAME: RELATED-PROV-NUM RESCIND SUSPENSION DATE 1238 1245 C PROV1825 DATE THAT THE SUPENSION OF PAYMENTS FOR NEW ADMISSIONS TO A LONG TERM CARE FACILITY (LTC) IS RESCINDED. COBOL NAME: RESC-SUSP-DT RN DIRECTOR OF NURSING - CONTRACT 7.2 1246 1252 N PROV5130 THE NUMBER OF FULL TIME EQUIVALENT RN DIRECTOR OF NURSI NG UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-RN-DON-CONTRACT RN DIRECTOR OF NURSING - FULL TIME 7.2 1253 1259 N PROV5120 THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-RN-DON-FULL-TIME RN DIRECTOR OF NURSING - PART TIME 7.2 1260 1266 N PROV5140 THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-RN-DON-PART-TIME 1267 1273 N PROV1170 7.2 SOCIAL WORKER - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-SOCIAL-CONTRACT SOCIAL WORKER - FULL TIME 7.2 1274 1280 N PROV1175 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS

EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-SOCIAL-PART-TIME

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 18 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME SPECIAL CARE BEDS-AIDS 3 1288 1290 N PROV0725 THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH AIDS. COBOL NAME: NUM-AIDS-BEDS SPECIAL CARE BEDS-ALZHEIMERS 3 1291 1293 N PROV0730 THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH ALZEHEIMERS. COBOL NAME: NUM-ALZHEIMERS-BEDS 3 1294 1296 N PROV0800 SPECIAL CARE BEDS-DIALYSIS THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS NEEDING DIALYSIS. COBOL NAME: NUM-DIAL-BEDS 3 1297 1299 N PROV0855 SPECIAL CARE BEDS-DISABLED CHILD THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR DEISCABLED CHILDREN. COBOL NAME: NUM-DIS-CHILD-BEDS 3 1300 1302 N PROV0905 SPECIAL CARE BEDS-HEAD TRAUMA THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILTY FOR RESIDENTS WITH HEAD TRAUMA. COBOL NAME: NUM-HEAD-TRAUMA-BEDS SPECIAL CARE BEDS-HOSPICE 1303 1305 N PROV0920 THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY A FACILITY FOR RESIDENTS NEEDING HOSPICE SERVICES. COBOL NAME: NUM-HOSPICE-BEDS 3 1306 1308 N PROV0940 SPECIAL CARE BEDS-HUNTINGTONS THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH HUNTINGTON'S DISEASE COBOL NAME: NUM-HUNTING-DIS-BEDS SPECIAL CARE BEDS-SPEC REHAB 3 1309 1311 N PROV1205 THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH SPECIALIZED REHAB NEEDS. COBOL NAME: NUM-SPEC-REHAB-BEDS 3 1312 1314 N PROV1460 SPECIAL CARE BEDS-VENTILATOR THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH VENTILATOR/ RESIPIRATORY CARE NEEDS. COBOL NAME: NUM-VENT-RESP-BEDS 7.2 1315 1321 N PROV1190 SPEECH PATHOLOGIST - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-SPCH-PATH-CONTRACT

SPEECH PATHOLOGIST - FULL TIME 7.2 1322 1328 N PROV1195

THE NUMBER OF FULL-TIME EQUIVALENT SPPECH PATHOLOGISTS

EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-SPCH-PATH-FULL-TIME

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 19

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SPEECH PATHOLOGIST - PART TIME 7.2 1329 1335 N PROV1200

THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS

EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-SPCH-PATH-PART-TIME

SRV: ACTIVITIES-OFFSITE-RESIDENTS 1 1336 1336 C PROV3390

INDICATES IF ACTIVITIES SERVICES ARE PROVIDED OFFSITE

TO RESIDENTS.

COBOL NAME: SP-ACT-THER-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: ACTIVITIES-ONSITE-NON RES 1 1337 1337 C PROV3385

INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE

TO NONRESIDENTS.

COBOL NAME: SP-ACT-THER-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: ACTIVITIES-ONSITE-RESIDENTS 1 1338 1338 C PROV3380

INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-ACT-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-OFFSITE-RESIDENTS 1 1339 1339 C PROV3525

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD

SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-ADM-BLOOD-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-ONSITE-NONRES 1 1340 C PROV3520

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD

SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.

COBOL NAME: SP-ADM-BLOOD-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-ONSITE-RESIDENTS 1 1341 C PROV3515

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD

SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-ADM-BLOOD-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 20

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: CLINICAL LAB-OFFSITE-RESIDENT 1 1342 1342 C PROV3495

INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-CLIN-LAB-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-ONSITE-NON RES 1 1343 1343 C PROV3490

INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-CLIN-LAB-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-ONSITE-RESIDENTS 1 1344 1344 C PROV3485

INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-CLIN-LAB-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: DENTAL-OFFSITE-RESIDENTS 1 1345 C PROV3435

INDICATES IF DENTAL SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-DENTAL-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: DENTAL-ONSITE-NON RESIDENTS 1 1346 1346 C PROV3430

INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-DENTAL-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: DENTAL-ONSITE-RESIDENTS 1 1347 C PROV3425

INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-DENTAL-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: DIETARY-OFFSITE-RESIDENTS 1 1348 1348 C PROV3345

INDICATES IF DIETARY SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-DIETARY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 21

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: DIETARY-ONSITE-NON RESIDENTS 1 1349 C PROV3340

INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-DIETARY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: DIETARY-ONSITE-RESIDENTS 1 1350 1350 C PROV3335

INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-DIETARY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING ONSITE-NON RES 1 1351 C PROV3535

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-HOUSE-KP-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING-OFFSITE-RES 1 1352 1352 C PROV3540

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED OFFSITE

TO RESIDENTS.

COBOL NAME: SP-HOUSE-KP-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING-ONSITE-RESIDENTS 1 1353 1353 C PROV3530

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-HOUSE-KP-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-OFFSITE-RES 1 1354 1354 C PROV3465

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-MEN-HLTH-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-ONSITE-NON RES 1 1355 1355 C PROV3460

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-MEN-HLTH-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 22

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: MENTAL HEALTH-ONSITE-RESID 1 1356 1356 C PROV3455

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-MEN-HLTH-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: NURSING-OFFSITE-RESIDENTS 1 1357 1357 C PROV3315

INDICATES IF NURSING SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-NURSING-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: NURSING-ONSITE-NON RESIDENTS 1 1358 1358 C PROV3310

INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-NURSING-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: NURSING-ONSITE-RESIDENTS 1 1359 1359 C PROV3305

INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-NURSING-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OCCUP THER-OFFSITE-RESIDENTS 1 1360 1360 C PROV3360

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-OCC-THER-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-NON RESID 1 1361 C PROV3355

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-OCC-THER-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-RESIDENTS 1 1362 1362 C PROV3350

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-OCC-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT

PAGE: 23

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: OTH ACTIVITIES-OFFSITE TO RES 1 1363 C PROV5255

FIELD 3 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY

STAFF OFFSITE TO RESIDENTS.
COBOL NAME: SP-OTH-ACT-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-ONSITE NONRES 1 1364 1364 C PROV5250

FIELD 2 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY

STAFF ONSITE TO NONRESIDENTS.

COBOL NAME: SP-OTH-ACT-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-ONSITE RES 1 1365 C PROV5245

FIELD 1 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY

STAFF ONSITE TO RESIDENTS.
COBOL NAME: SP-OTH-ACT-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-OFFSITE TO RES 1 1366 1366 C PROV5285

FIELD 3 - INDICATES SERVICES PROVIDED BY OTHER SOCIAL S  $\,$ 

ERVICES STAFF OFFSITE TO RESIDENTS.

COBOL NAME: SP-OTH-SOC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-ONSITE TO NONRES 1 1367 1367 C PROV5280

INDICATES IF OTHER SOCIAL SERVICES ARE PROVIDED ONSITE

TO NONRESIDENTS.

COBOL NAME: SP-OTH-SOC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-ONSITE TO RES 1 1368 1368 C PROV5275

FIELD 1 - INDICATES SERVICES PROVIDED BY SOCIAL SERVICE

S STAFF ONSITE TO RESIDENTS.
COBOL NAME: SP-OTH-SOC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHARMACY-OFFSITE-RESIDENTS 1 1369 1369 C PROV3330

INDICATES IF PHARMACY SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-PHARMACY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 24

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: PHARMACY-ONSITE-NON RESIDENTS 1 1370 1370 C PROV3325

INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-PHARMACY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHARMACY-ONSITE-RESIDENTS 1 1371 1371 C PROV3320

INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-PHARMACY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-OFFSITE-RESID 1 1372 1372 C PROV3300

INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-EXT-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-ONSITE-NON RES 1 1373 1373 C PROV3295

INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-PHYS-EXT-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-ONSITE-RESIDENT 1 1374 1374 C PROV3290

INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-EXT-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS THER-OFFSITE-RESIDENTS 1 1375 C PROV3375

INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-THER-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS THER-ONSITE-NON RESIDENT 1 1376 1376 C PROV3370

INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-PHYS-THER-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 25

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: PHYS THER-ONSITE-RESIDENTS 1 1377 C PROV3365

INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYSICIAN-OFFSITE-RESIDENTS 1 1378 1378 C PROV3285

INDICATES IF PHYSICIAN SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-PHYS-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYSICIAN-ONSITE-NON RESIDENT 1 1379 1379 C PROV3280

INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-PHYS-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYSICIAN-ONSITE-RESIDENTS 1 1380 1380 C PROV3275

INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-PHYS-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PODIATRY-OFFSITE-RESIDENTS 1 1381 1381 C PROV3450

INDICATES IF PODIATRY SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-PODIATRY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PODIATRY-ONSITE-NON RESIDENTS 1 1382 1382 C PROV3445

INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-PODIATRY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PODIATRY-ONSITE-RESIDENTS 1 1383 1383 C PROV3440

INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-PODIATRY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 26

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: SOCIAL WORK-OFFSITE-RESIDENTS 1 1384 1384 C PROV3405

INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED OFFSITE

TO RESIDENTS.

COBOL NAME: SP-MED-SOC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-ONSITE-NON RESID 1 1385 1385 C PROV3400

INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-MED-SOC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-ONSITE-RESIDENTS 1 1386 C PROV3395

INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-MED-SOC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SPEECH PATH-OFFSITE-RESIDEN 1 1387 C PROV3420

INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE

PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-SPEECH-PH-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SPEECH PATH-ONSITE-NON RESID 1 1388 1388 C PROV3415

INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE

PROVIDED ONSITE TO NON RESIDENTS.
COBOL NAME: SP-SPEECH-PH-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SPEECH PATH-ONSITE-RESIDENTS 1 1389 1389 C PROV3410

INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE

PROVIDED ONSITE TO RESIDENTS.
COBOL NAME: SP-SPEECH-PH-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: THER REC SPEC-OFFSITE TO RES 1 1390 1390 C PROV5225

INDICATES IF THERAPEUTIC RECRECATION SPECIALIST

SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-THER-REC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

<sup>\*</sup> INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 27

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: THER REC SPEC-ONSITE-NONRES 1 1391 C PROV5220

INDICATES IF THERAPEUTIC RECREATION SPECIALIST SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.

COBOL NAME: SP-THER-REC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: THER REC SPEC-ONSITE-RESIDENT 1 1392 1392 C PROV5215

INDICATES IF THERAPEUTIC RECREATION SPECIALIST

SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-THER-REC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: VOCATIONAL-OFFSITE-RESIDENTS 1 1393 1393 C PROV3480

INDICATES IF VOCATIONAL SERVICES ARE PROVIDED OFFSITE

TO RESIDENTS.

COBOL NAME: SP-VOC-GUID-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: VOCATIONAL-ONSITE-NON RESID 1 1394 1394 C PROV3475

INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-VOC-GUID-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: VOCATIONAL-ONSITE-RESIDENTS 1 1395 C PROV3470

INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-VOC-GUID-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: XRAY-OFFSITE-RESIDENTS 1 1396 1396 C PROV3510

INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: XRAY-ONSITE-NON RESIDENTS 1 1397 1397 C PROV3505

INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 28

## NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: XRAY-ONSITE-RESIDENTS 1 1398 1398 C PROV3500

INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

THER REC SPEC - CONTRACT 7.2 1399 1405 N PROV5240

NUMBER OF CONTRACT STAFF HOURS PROVIDED BY THERAPEUTIC

RECREATION SPECIALIST.

COBOL NAME: NUM-THER-REC-CONTRACT

THER REC SPEC - FULL TIME 7.2 1406 1412 N PROV5230

NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY THERAPEUTIC

RECREATION SPECIALIST.

COBOL NAME: NUM-THER-REC-FULL-TIME

THER REC SPEC - PART TIME 7.2 1413 1419 N PROV5235

NUMBER OF PART-TIME STAFF HOURS PROVIDED BY THERAPEUTIC

RECREATION SPECIALIST.

COBOL NAME: NUM-THER-REC-PART-TIME

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 1

INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CATEGORY - SUBTYPE OF PROVIDER 2 1 2 C PROVO085

A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED

NURSING FACILITIES AND HOSPITALS.
COBOL NAME: CATEGORY-SUBTYPE-IND

VALUES: 02 TITLE 19 ONLY

CATEGORY OF PROVIDER/SUPPLIER 2 3 4 C PROV0075

IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE

PROVIDER OR SUPPLIER.
COBOL NAME: CATEGORY

VALUES: 11 INTERMEDIATE CARE FACILITY-MENTALLY RETARDED

CHANGE OF OWNERSHIP COUNTER 2 5 6 N PROV0095

THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS

TAKEN PLACE FOR A PARTICULAR PROVIDER.

COBOL NAME: CHOW-CNT

CHANGE OF OWNERSHIP DATE 8 7 14 C PROV0100

EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.

COBOL NAME: CHOW-DT

CITY 28 15 42 C PROV3225

CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.

COBOL NAME: CITY

COMPLIANCE: PLAN OF CORRECTION 1 43 43 C PROV0220

INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION

OF DEFICIENCIES.

COBOL NAME: COMPL-ACCEPT-PLAN-COR

VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC

COMPLIANCE: STATUS 1 44 44 C PROV2715

INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE

WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL

VALUES: A IN COMPLIANCE

B NOT IN COMPLIANCE

COUNTY CODE 3 45 47 C PROV2695

SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY

IS LOCATED.

COBOL NAME: SSA-COUNTY

CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300

NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.

COBOL NAME: CROSS-REF-PROV-NUM

CURRENT FMS SURVEY DATE 8 58 65 C PROV0500

CURRENT FMS SURVEY DATE

COBOL NAME: FMS-SURVEY-DT-1

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT

INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION

LEN START END TYPE SAS NAME

CURRENT SURVEY DATE

THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY,
WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR

COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE 1 74 74 C PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN

THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

THE PROVIDER.

VALUES: 1 ELIGIBLE TO PARTICIPATE
2 NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 50 75 124 C PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO

PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 125 129 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER

SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES: 00452 UNITED GOVT SERVICES 00454 USG CALIFORNIA 00511 CAHABA 00883 PALMETTO 00952 WPS - ILLINOIS WPS - MICHIGAN 00953 00954 WI PHYSICIAN SERVICES - MN 01390 AETNA (WASHINGTON) 31142 NATIONAL HERITAGE INSURANCE CO (MAINE) 31143 NATIONAL HERITAGE INSURANCE CO 31146 NATIONAL HERITAGE INSURANCE

MEDICARE OR MEDICAID VENDOR NUMBER 15 130 144 C PROV0655 A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES.

COBOL NAME: MEDICAID-VEND-NUM

PARTICIPATION DATE 8 145 152 C PROV1565

THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE

MEDICARE AND/OR MEDICAID SERVICES.

COBOL NAME: PARTCI-DT

PRIOR CHANGE OF OWNERSHIP 8 153 160 C PROV1615

THE DATE OF A PRIOR CHANGE OF OWNERSHIP.

COBOL NAME: PRIOR-CHOW-DT

PRIOR INTERMEDIARY NUMBER 5 161 165 C PROV1620

A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 3

INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

10 166 175 C PROV1680 PROVIDER NUMBER A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER. COBOL NAME: PROV-NUM 176 176 C PROV1720 RECORD TYPE 1 THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE VALUES: A ACCEPTED Ρ PENDING W WORK REGION CODE 2 177 178 C PROV1725 THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: 01 I BOSTON II NEW YORK 02 03 III PHILADELPHIA 04 IV ATLANTA 05 V CHICAGO VI DALLAS 06 VII KANSAS CITY 07 80 VIII DENVER 09 IX SAN FRANCISCO X SEATTLE 10 1 179 179 C PROV2045 SKELETON RECORD INDICATOR INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE FOR THIS PROVIDER. COBOL NAME: SKELETON-IND VALUES: Y YES 2 180 181 C PROV3230 STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA ALABAMA AR ARKANSAS AS AMERICAN SAMOA AZARIZONA CA CALIFORNIA CANADA CNCO COLORADO CT CONNECTICUT DC DISTRICT OF COLUMBIA \* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 4

INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION

DE DELAWARE FLFLORIDA GΑ **GEORGIA** GU GUAM ΗI HAWAII ΙA IOWA ID IDAHO TT. ILLINOIS IN INDIANA KS KANSAS ΚY KENTUCKY LA LOUISIANA MA MASSACHUSETTS MDMARYLAND MEMAINE MΙ MICHIGAN MN MINNESOTA MO MISSOURI MΡ SAIPAN MS MISSISSIPPI MTMONTANA MX MEXICO NORTH CAROLINA NC NDNORTH DAKOTA NF. NEBRASKA NH NEW HAMPSHIRE NJ NEW JERSEY NEW MEXICO MM NV NEVADA NY NEW YORK ОН OHIO OK OKLAHOMA OR OREGON PAPENNSYLVANIA PR PUERTO RICO RHODE ISLAND RΙ SC SOUTH CAROLINA SD SOUTH DAKOTA TNTENNESSEE TXTEXAS UTAH VA VIRGINIA VIRGIN ISLANDS VI VT VERMONT WA WASHINGTON WΙ WISCONSIN WV WEST VIRGINIA WY WYOMING

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 5

INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-SHORT DESCRIPTION

LEN START END TYPE SAS NAME

STATE CODE (SSA) 2 182 183 C PROV2700

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS LOCATED.

COBOL NAME: SSA-STATE

COPOL NAM	E. SSW-SIMIE	
VALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA
	04	ARKANSAS
	05	CALIFORNIA
	06	COLORADO
	07	CONNECTICUT
	08	DELAWARE
	09	DISTRICT OF COLUMBIA
	10	FLORIDA
	11	GEORGIA
	12	IIAWAH
	13	IDAHO
	14	ILLINOIS
	15	INDIANA
	16	AWOI
	17	KANSAS
	18	KENTUCKY
	19	LOUISIANA
	20	MAINE
	21	MARYLAND
	22	MASSACHUSETTS
	23	MICHIGAN
	24	MINNESOTA
	25	MISSISSIPPI
	26	MISSOURI
	27	MONTANA
	28	NEBRASKA
	29	NEVADA
	30	NEW HAMPSHIRE
	31	NEW JERSEY
	32	NEW MEXICO
	33	NEW YORK
	34	NORTH CAROLINA
	35	NORTH DAKOTA
	36	OHIO
	37	OKLAHOMA
	38	OREGON
	39	PENNSYLVANIA
	40	PUERTO RICO
	41	RHODE ISLAND
	42	SOUTH CAROLINA
	43	SOUTH DAKOTA
	44	TENNESSEE

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 6

INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION

LEN START END TYPE SAS NAME

45 TEXAS 46 UTAH

47	VERMONT				
48	VERMONI VIRGIN ISLANDS	<b>.</b>			
49	VIRGIN ISLANDE VIRGINIA	•			
50	WASHINGTON				
51	WEST VIRGINIA				
52	WISCONSIN				
53	WYOMING				
56	CANADA				
59	MEXICO				
64	AMERICAN SAMOA				
65	GUAM	<b>L</b>			
66	SAIPAN				
STATE REGION CODE	3	184	186	C	PROV27
FOR SELECTED STATES, ID				C	110027
WITHIN THE STATE WHERE			LN		
COBOL NAME: STATE-REGIO		БD			
STREET ADDRESS		187	236	C	DP01/27
STREET ADDRESS OF A PRO			250	C	FICOVZI
PROVIDE MEDICARE AND/OR		.ED 10			
COBOL NAME: STREET-ADDR					
TELEPHONE NUMBER		237	246	C	PROV16
THE 10 DIGIT TELEPHONE				C	FICOVIO
THE OPERATOR OF A PROVI		CONTACT	OK		
COBOL NAME: PHONE-NUM	DER.				
TERMINATION CODE # 1	2	247	2/19	C	DD011/17
TERMINATION CODE # 1			240	C	PROVE
TERMINATION CODE #1, IN					
PROGRAMS.	A, MEDICARE AND/OR ME	DICAID			
COBOL NAME: TERM-CD-1					
VALUES: 00	ACTIVE				
01	VOL-MERG, CLOSE				
02	VOL-MERG, CLOSE VOL-REIMBURSE	•			
03					
	VOL-RISK INVOL	ı			
04	VOL-OTHER				
05	INVOL-FAIL REQ				
06	INVOL-AGREEMNT				
07	OTH-STATUS CHO	<del>i</del>			
TERMINATION DATE/EXPIRATI	ON DATE 1 8	249	256	С	PROV45
THE DATE THE LABORATORY					
THE EXPIRATION DATE OF					
FOR OTHER NON-CLIA PROV					
FACILITY WAS TERMINATED	•				
COBOL NAME: EXP-DT-1	•				
CODOL NAME: EXF DI I					
INDICATES THIS FIELD HAS	BEEN ADDED OR CHANGEI	SINCE:	01/03	1/2006	

INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-SHORT DESCRIPTION LEN START END TYPE SAS NAME

TYPE OF ACTION 257 257 C PROV2880 IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND

TRANSMITTAL FORM WAS PREPARED.

COBOL NAME: TYPE-ACTION

VALUES: 1 INITIAL

> 2 RECERTIFICATION 3 TERMINATION

CHANGE OF OWNERSHIP

TYPE OF CONTROL 258 259 C PROV2885

INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES

A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL

VALUES: 01 PRIVATE NON PROFIT 02 PRIVATE PROPRIETARY

03 STATE CITY/TOWN 05 COUNTY 06 CITY/COUNTY

07 OTHER

ZIP CODE 5 260 264 C PROV2905

THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.

COBOL NAME: ZIP-CD

2 265 266 C FIPSTATE FIPS STATE CODE

FIPS STATE CODE

COBOL NAME: WS-FIPS-STATE

FIPS COUNTY CODE 3 267 269 C FIPCNTY

FIPS COUNTY CODE

COBOL NAME: WS-FIPS-CNTY

SSA MSA CODE 3 270 272 C SSAMSACD

SSA MSA CODE

COBOL NAME: WS-SSA-MSA-CD

1 273 273 C SSAMSASZ SSA MSA SIZE CODE

SSA MSA SIZE CODE

COBOL NAME: WS-SSA-MSA-SIZE-CD

BEDS - TOTAL 291 294 N PROV0740

TOTAL NUMBER OF BEDS IN A FACILITY, INCLUDING THOSE

IN NON-PARTICIPATING OR NON-LICENSED AREAS.

COBOL NAME: NUM-BEDS

4 295 298 N PROV0755 BEDS - TOTAL CERTIFIED

NUMBER OF BEDS IN MEDICARE AND/OR MEDICAID CERTIFIED

AREAS WITHIN A FACILITY. COBOL NAME: NUM-CERT-BEDS

COMPLIANCE: LIFE SAFETY CODE

1 356 356 C PROV0240

INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN

RECOMMENDED FOR A PROVIDER.

COBOL NAME: COMPL-LSC

VALUES:

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 8

INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION LEN START END TYPE SAS NAME

WAIVER RECOMMENDED

4 378 381 C PROV0485 FISCAL YEAR ENDING DATE

THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL

YEAR.

COBOL NAME: FISC-YR-END-DT

LICENSED PRACT/VOCAT NURSES 7.2 382 388 N PROV0955

NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL OR

VOCATIONAL NURSES EMPLOYED BY A FACILITY.

COBOL NAME: NUM-LPN-LVN

PROGRAM PARTICIPATION 1 434 434 C PROV1670

INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE,

MEDICAID, OR BOTH PROGRAMS.

COBOL NAME: PROG-PARTCI

VALUES: 2 MEDICAID ONLY

REGIONAL OVERRIDE #1 (NUMBER BEDS) 1 470 470 C PROV1545

THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE ODIE DATA ENTRY SYSTEM.

COBOL NAME: OVERRIDE-1

VALUES: Y RECORD HAS BEEN APPROVED

REGISTERED NURSES 7.2 473 479 N PROV1145

THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED PROFESSIONAL NURSES EMPLOYED BY A PROVIDER.

COBOL NAME: NUM-REG-NURS

COMPLIANCE: BEDS PER ROOM WAIVER 1 672 672 C PROV0225

INDICATES IF A WAIVER OF THE BEDS PER ROOM REQUIREMENT

HAS BEEN RECOMMENDED FOR A FACILITY.

COBOL NAME: COMPL-BEDS-PER-ROOM

VALUES: 1 WAIVER RECOMMENDED

COMPLIANCE: PATIENT ROOM SIZE 1 673 673 C PROV0270

INDICATES IF A WAIVER OF PATIENT ROOM SIZE HAS BEEN

RECOMMENDED FOR A FACILITY.

COBOL NAME: COMPL-PATIENT-ROOM-SZ

VALUES: 1 WAIVER RECOMMENDED

PROVIDER BASED FACILITY 1 1206 1206 C PROV1675

INDICATES IF A LONG TERM CARE FACILITY IS PROVIDER BASED.

COBOL NAME: PROV-BASED-FACILITY

VALUES: Y DISTINCT PART OF A HOSPITAL, SNF OR ICF

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 9

INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION LEN START END TYPE SAS NAME

RELATED PROVIDER NUMBER 10 1228 1237 C PROV1755

THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.

COBOL NAME: RELATED-PROV-NUM

8 1238 1245 C PROV1825 RESCIND SUSPENSION DATE

DATE THAT THE SUPENSION OF PAYMENTS FOR NEW ADMISSIONS

TO A LONG TERM CARE FACILITY (LTC) IS RESCINDED.

COBOL NAME: RESC-SUSP-DT

ADMISSION SUSPENSION DATE 8 1539 1546 C PROV0030

THE DATE THAT PAYMENTS FOR NEW ADMISSIONS IN A LONG

TERM CARE FACILITY WILL BE DENIED IF AN INTERMEDIATE

SANCTION IS TAKEN AGAINST THE FACILITY.

COBOL NAME: ADMIN-SUSP-DT

BEDS - ICF/MR 4 1547 1550 N PROV0945

NUMBER OF CERTIFIED BEDS IN AN INTERMEDIATE CARE

FACILITY FOR THE MENTALLY RETARDED.

COBOL NAME: NUM-ICF-MR-BEDS

DIRECT CARE PERSONNEL 7.2 1551 1557 N PROV0780

NUMBER OF FULL-TIME EQUIVALENT DIRECT CARE PERSONNEL

EMPLOYED BY AN INTERMEDIATE CARE FACILITY FOR THE

MENTALLY RETARDED.

COBOL NAME: NUM-DCARE-PERSNL

LTC AGREEMENT BEGINNING DATE 8 1558 1565 C PROV0620

THE BEGINNING DATE OF A CERTIFIED LONG TERM CARE FACILI

TY'S TIME LIMITED AGREEMENT.

COBOL NAME: LTC-AGREE-BEGIN-DT

8 1566 1573 C PROV0625 LTC AGREEMENT ENDING DATE

THE ENDING DATE OF A CERTIFIED LONG TERM CARE

FACILITY'S TIME LIMITED AGREEMENT.

COBOL NAME: LTC-AGREE-END-DT

8 1574 1581 C PROV0630 LTC AGREEMENT EXTENSION DATE

THE LAST DATE OF AN EXTENSION OF A CERTIFIED LONG TERM

CARE FACILITY'S TIME LIMITED AGREEMENT.

COBOL NAME: LTC-AGREE-EXT-DT

PRIOR ADMISSION SUSPENSION DATE 8 1582 1589 C PROV1610

PREVIOUS DATE A SUSPENSION OF ADMISSIONS WAS INVOKED

COBOL NAME: PRIOR-ADMIN-SUSP-DT

8 PRIOR LTC END DATE 1590 1597 C PROV1630

THE LAST DATE OF A CERTIFIED LONG TERM CARE

FACILITY'S TIME LIMITED AGREEMENT FOR A PRIOR SURVEY.

COBOL NAME: PRIOR-LTC-END-DT

8 1598 1605 C PROV1635 PRIOR LTC EXTENSION DATE

THE LAST DATE OF AN EXTENSION OF A CERTIFIED LONG TERM

CARE FACILITY'S TIME LIMITED AGREEMENT FOR A PRIOR

SURVEY.

COBOL NAME: PRIOR-LTC-EXT-DT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 10

INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

LEN START END TYPE SAS NAME SHORT DESCRIPTION

8 1606 1613 C PROV1640 PRIOR RESCIND SUSPENSION DATE

THE EFFECTIVE DATE OF A PREVIOUS SUSPENSION OF

ADMISSIONS TO A LTC FACILITY.

COBOL NAME: PRIOR-RESC-SUSP-DT

TOTAL # OF EMPLOYEES 9.2 1614 1622 N PROV2850

THE TOTAL NUMBER OF FULL-TIME EMPLOYEES IN A HOSPICE

OR AN INTERMEDIATE CARE FACILITY/MENTAL RETARDATION

FACILITY.

COBOL NAME: TOT-EMPLOYEES

CATEGORY OF PROVIDER/SUPPLIER

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 1
RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CATEGORY - SUBTYPE OF PROVIDER 2 1 2 C PROV0085
A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED
NURSING FACILITIES AND HOSPITALS.
COBOL NAME: CATEGORY-SUBTYPE-IND
VALUES: 01 RURAL HEALTH CLINICS

2 3 4 C PROV0075

IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE

PROVIDER OR SUPPLIER.
COBOL NAME: CATEGORY

VALUES: 12 RURAL HEALTH CLINICS

CHANGE OF OWNERSHIP COUNTER 2 5 6 N PROV0095

THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS

TAKEN PLACE FOR A PARTICULAR PROVIDER.

COBOL NAME: CHOW-CNT

CHANGE OF OWNERSHIP DATE 8 7 14 C PROV0100

EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.

COBOL NAME: CHOW-DT

CITY 28 15 42 C PROV3225

CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.

COBOL NAME: CITY

COMPLIANCE: PLAN OF CORRECTION 1 43 43 C PROV0220

INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION

OF DEFICIENCIES.
COBOL NAME: COMPL-ACCEPT-PLAN-COR

VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC

COMPLIANCE: STATUS 1 44 44 C PROV2715

INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE

WITH PROGRAM REQUIREMENTS.
COBOL NAME: STATUS-COMPL

VALUES: A IN COMPLIANCE

B NOT IN COMPLIANCE

COUNTY CODE 3 45 47 C PROV2695

SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY

IS LOCATED.

COBOL NAME: SSA-COUNTY

CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300

NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.

COBOL NAME: CROSS-REF-PROV-NUM

CURRENT FMS SURVEY DATE 8 58 65 C PROV0500

CURRENT FMS SURVEY DATE
COBOL NAME: FMS-SURVEY-DT-1

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2

RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CURRENT SURVEY DATE 8 66 73 C PROV2740

THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY,

WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR

THE PROVIDER.

COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE 1 74 74 C PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN

THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE
2 NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 50 75 124 C PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO

PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 125 129 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER

SERVICING A PROVIDER OR SUPPLIER.
COBOL NAME: INTER-CARRIER-NUM

00010 00011	BLUE CROSS (ALABAMA)
00011	
00011	CAHABA
00020	BLUE CROSS (ARKANSAS)
00030	BLUE CROSS (ARIZONA)
00040	BLUE CROSS (CALIFORNIA)
00060	BLUE CROSS (CONNECTICUT)
00070	BLUE CROSS (DELAWARE)
00090	BLUE CROSS (FLORIDA)
00101	BLUE CROSS (GEORGIA)
00121	HEALTH CARE SERVICE CORPORATION
00122	HCSC - MICHIGAN
00123	HCSC OF MICHIGAN
00130	BLUE CROSS (INDIANA)
00131	ADMINISTAR FEDERAL (CHICAGO)
00140	BLUE CROSS (IOWA/SOUTH DAKOTA)
00150	BLUE CROSS (KANSAS)
00160	BLUE CROSS (KENTUCKY)
00180	BLUE CROSS (MAINE)
00190	BLUE CROSS (MARYLAND)
00200	BLUE CROSS (MASSACHUSETTS)
00210	BLUE CROSS (MICHIGAN)
00220	BLUE CROSS (MINNESOTA)
00230	BLUE CROSS (MISSISSIPPI)
00231	BLUE CROSS (LOUISIANA)
00241	BLUE CROSS (MISSOURI)
00250	BLUE CROSS (MONTANA)
00260	BLUE CROSS (NEBRASKA)
00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE
	00020 00030 00040 00060 00070 00090 00101 00121 00122 00130 00131 00140 00150 00160 00160 00180 00190 00200 00210 00220 00231 00241 00250 00260

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 3

RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION		LEN	START	END	TYPE	SAS	NAME
00280	BLUE CROSS	(NEW	JERSE?	Y)			
00290	BLUE CROSS	(NEW	MEXIC	))			
00308	BLUE CROSS	(EMP	IRE)				
00310	BLUE CROSS	(NOR	TH CAR	OLINA	)		
00320	BLUE CROSS	(NOR	TH DAK	OTA)			
00332	COMMUNITY	MUTUA:	L INSU	RANCE	CO		
00340	BLUE CROSS	(OKL	AHOMA)				
00350	BLUE CROSS	(ORE	GON)				
00351	BLUE CROSS	(ORE	GON) (	OHAGI	CLAIMS	)	

00362	BLUE CROSS (INDEPENDENCE)
00363	BLUE CROSS (WESTERN PENNSYLVANIA)
00366	HIGHMARK MEDICARE SERVICES
00370	BLUE CROSS (RHODE ISLAND)
00380	BLUE CROSS (SOUTH CAROLINA)
00390	BLUE CROSS (TENNESSEE)
00400	BLUE CROSS (TEXAS)
00410	BLUE CROSS (UTAH)
00423	BLUE CROSS (VIRGINIA/WEST VA)
00430	BLUE CROSS (WASHINGTON & ALASKA)
00450	BLUE CROSS (WISCONSIN)
00452	UNITED GOVT SERVICES
00454	USG CALIFORNIA
00460	BLUE CROSS (WYOMING)
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00511	САНАВА
00883	PALMETTO
00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN
01390	AETNA (WASHINGTON)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERITAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

MEDICARE OR MEDICAID VENDOR NUMBER 15 130 144 C PROV0655 A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES.

COBOL NAME: MEDICAID-VEND-NUM

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 4

AIE: 04/03/2006 POS RECORD LA	41001				PAGE: 4
RURAL HEALTH CLINICS, CATEGORY =	"12" (	SEE POS	ITIONS	3-4)	
SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PARTICIPATION DATE	8	145	152	С	PROV1565
THE DATE A FACILITY IS FIRST APPROVED T	ro prov	IDE			
MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: PARTCI-DT					
PRIOR CHANGE OF OWNERSHIP	8	153	160	C	PROV1615
THE DATE OF A PRIOR CHANGE OF OWNERSHIP	₽.				
COBOL NAME: PRIOR-CHOW-DT					
PRIOR INTERMEDIARY NUMBER	5	161	165	C	PROV1620
A PREVIOUS INTERMEDIARY NUMBER WHEN					

A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM

PROVIDER NUMBER 10 166 175 C PROV1680

A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS ASSIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.

COBOL NAME: PROV-NUM

RECORD TYPE 1 176 176 C PROV1720

THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.

COBOL NAME: RECORD-TYPE

VALUES: A ACCEPTED
P PENDING
W WORK

REGION CODE 2 177 178 C PROV1725

THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE

STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES: 01 BOSTON 02 II NEW YORK 03 III PHILADELPHIA IV ATLANTA 0.5 V CHICAGO VI DALLAS 06 VII KANSAS CITY 07 0.8 VIII DENVER 09 IX SAN FRANCISCO 10 X SEATTLE

SKELETON RECORD INDICATOR 1 179 179 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE

FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES: Y YES

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 5

RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

STATE ABBREVIATION 2 180 181 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES: AK ALASKA
AL ALABAMA
AR ARKANSAS

AS AMERICAN SAMOA

AZ ARIZONA
CA CALIFORNIA
CN CANADA
CO COLORADO

CTCONNECTICUT DC DISTRICT OF COLUMBIA DE DELAWARE FLFLORIDA GEORGIA GΑ GU GUAM ΗI HAWAII TΑ IOWA ID IDAHO ILILLINOIS ΙN INDIANA KS KANSAS ΚY KENTUCKY LA LOUISIANA MA MASSACHUSETTS MD MARYLAND MEMAINE ΜI MICHIGAN MN MINNESOTA MO MISSOURI MΡ SAIPAN MS MISSISSIPPI MTMONTANA MX MEXICO NC NORTH CAROLINA ND NORTH DAKOTA NENEBRASKA NEW HAMPSHIRE NH NJ NEW JERSEY MM NEW MEXICO NV NEVADA NY NEW YORK OH OHIO OK OKLAHOMA OR OREGON PΑ PENNSYLVANIA PUERTO RICO PR

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT

RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

PAGE: 6

RΙ RHODE ISLAND SC SOUTH CAROLINA SD SOUTH DAKOTA TNTENNESSEE TXTEXAS UT UTAH VA VIRGINIA VIRGIN ISLANDS VI VTVERMONT WA WASHINGTON WΙ WISCONSIN WEST VIRGINIA WV

WY WYOMING

41

42

43

2 182 183 C PROV2700 STATE CODE (SSA) TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS LOCATED. COBOL NAME: SSA-STATE VALUES: 01 ALABAMA ALASKA 0.2 03 ARIZONA 04 **ARKANSAS** 05 CALIFORNIA 06 COLORADO 07 CONNECTICUT 80 DELAWARE 09 DISTRICT OF COLUMBIA 10 FLORIDA 11 GEORGIA 12 HAWAII 13 IDAHO 14 ILLINOIS 15 INDIANA 16 IOWA 17 KANSAS 18 KENTUCKY 19 LOUISIANA 20 MAINE 21 MARYLAND MASSACHUSETTS 22 23 MICHIGAN 24 MINNESOTA 25 MISSISSIPPI 26 MISSOURI 27 MONTANA 28 NEBRASKA 29 NEVADA 30 NEW HAMPSHIRE \* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 7 RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME SHORT DESCRIPTION 31 NEW JERSEY 32 NEW MEXICO 33 NEW YORK 34 NORTH CAROLINA 35 NORTH DAKOTA 36 OHIO 37 OKLAHOMA 38 OREGON 39 PENNSYLVANIA 40 PUERTO RICO

RHODE ISLAND

SOUTH CAROLINA SOUTH DAKOTA

44 45 46 47 48 49 50 51 52 53 56 59 64 65 66	TENNESSEE TEXAS UTAH VERMONT VIRGIN ISLANDS VIRGINIA WASHINGTON WEST VIRGINIA WISCONSIN WYOMING CANADA MEXICO AMERICAN SAMOA GUAM SAIPAN				
STATE REGION CODE  FOR SELECTED STATES, IDENTIFIE  WITHIN THE STATE WHERE THE FACTOR OF THE STATE PREGION-CD	ES THE PARTICULA	AR REGION		С	PROV2710
STREET ADDRESS  STREET ADDRESS OF A PROVIDER TO STREET ADDRESS OF A PROVIDE TO STREET-ADDRESS	THAT IS CERTIFII	_	236	С	PROV2720
TELEPHONE NUMBER THE 10 DIGIT TELEPHONE NUMBER THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM				С	PROV1605
TERMINATION CODE # 1  TERMINATION CODE #1, THE REASO TERMINATED FROM THE CLIA, MED: PROGRAMS.  COBOL NAME: TERM-CD-1	ON A FACILITY H	AS BEEN	248	С	PROV4770
VALUES: 00	ACTIVE				
01	VOL-MERG, CLOSE				
* INDICATES THIS FIELD HAS BEEN AND 1DATE: 04/03/2006 POS RURAL HEALTH CLINICS, CA	RECORD LAYOUT				PAGE: 8
SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
02 03 04 05 06 07	VOL-REIMBURSE VOL-RISK INVOL VOL-OTHER INVOL-FAIL REQ INVOL-AGREEMNT OTH-STATUS CHG				
TERMINATION DATE/EXPIRATION DATE THE DATE THE LABORATORY'S CERT THE EXPIRATION DATE OF THE CUI FOR OTHER NON-CLIA PROVIDERS, FACILITY WAS TERMINATED.	TIFICATE TERMINA RRENT CLIA CERT	ATED OR IFICATE.	256	С	PROV4500
COBOL NAME: EXP-DT-1 TYPE OF ACTION	1	257	257	С	PROV2880

IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND

TRANSMITTAL FORM WAS PREPARED.

COBOL NAME: TYPE-ACTION

VALUES: 1 INITIAL

2 RECERTIFICATION
3 TERMINATION

4 CHANGE OF OWNERSHIP

TYPE OF CONTROL 2 258 259 C PROV2885

INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES

A PROVIDER OF SERVICES.
COBOL NAME: TYPE-CONTROL

2C

VALUES: 03 STATE GOVERNMENT LOCAL GOVERNMENT FEDERAL GOVERNMENT 05 FOR PROFIT INDIVIDUAL 1 A 1B FOR PROFIT CORPORATION 1C FOR PROFIT PARTNERSHIP 2A NON PROFIT INDIVIDUAL 2B NON PROFIT CORPORATION

ZIP CODE 5 260 264 C PROV2905

NON PROFIT PARTNERSHIP

THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.

COBOL NAME: ZIP-CD

FIPS STATE CODE 2 265 266 C FIPSTATE

FIPS STATE CODE

COBOL NAME: WS-FIPS-STATE

FIPS COUNTY CODE 3 267 269 C FIPCNTY

FIPS COUNTY CODE

COBOL NAME: WS-FIPS-CNTY

SSA MSA CODE 3 270 272 C SSAMSACD

SSA MSA CODE

COBOL NAME: WS-SSA-MSA-CD

SSA MSA SIZE CODE 1 273 273 C SSAMSASZ

SSA MSA SIZE CODE

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 9

RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

COBOL NAME: WS-SSA-MSA-SIZE-CD

FISCAL YEAR ENDING DATE 4 378 381 C PROV0485

THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL

YEAR.

COBOL NAME: FISC-YR-END-DT

OTHER PERSONNEL 7.2 412 418 N PROV1075

THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED

PERSONNEL EMPLOYED BY A FACILITY.

COBOL NAME: NUM-OTHER-PERSNL

PHYSICIAN ASSISTANTS 7.2 427 433 N PROV1115

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN ASSISTANTS

EMPLOYED BY A HOSPITAL OR RURAL HEALTH CLINIC.

COBOL NAME: NUM-PHYS-ASSIST

FEDERAL PROGRAM SUPPORT 1 1623 1623 C PROV0480

INDICATES IF A CLINIC IS RECEIVING SUPPORT FROM A

FEDERAL PROGRAM TO PROVIDE HEALTH SERVICES IN A MEDICALLY UNDERSERVED AREA OR IN AN AREA WITH A

SHORTAGE OF PRIMARY CARE HEALTH MANPOWER.

COBOL NAME: FED-PROG-SUPPORT

VALUES: N NO

Y YES

NURSE PRACTITIONERS 7.2 1624 1630 N PROV1015

NUMBER OF FULL-TIME EQUIVALENT NURSE PRACTITIONERS.

COBOL NAME: NUM-NURSE-PRACT

PARENT PROVIDER NUMBER 10 1631 1640 C PROV1560

THE IDENTIFICATION NUMBER OF THE PARENT PROVIDER WHEN A

PROVIDER IS PART OF AN EXISTING MEDICARE PROVIDER.

COBOL NAME: PARENT-PROV-NUM

PHYSICIANS 7.2 1641 1647 N PROV1110

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIANS EMPLOYED

BY A PROVIDER.

COBOL NAME: NUM-PHYS

TITLE OF FEDERAL PROGRAM 26 1648 1673 C PROV2845

THE NAME OF A FEDERAL PROGRAM WHICH PROVIDES SUPPORT TO

A RURAL HEALTH CLINIC TO PROVIDE SERVICES IN A

MEDICALLY UNDERSERVED AREA OR AN AREA WITH A SHORTAGE

OF PRIMARY CARE HEALTH MANPOWER.

COBOL NAME: TITL-FED-PROGR

VALUES: COMM HLTH PRG (330)COMMUNITY HEALTH PROGRAM (330)

INDIAN HEALTH SERV INDIAN HEALTH SERVICE

MIGRT HLTH PRG (329) MIGRANT HEALTH PROGRAM (329)

NATNL HEALTH SRV DELNATIONAL HEALTH SERVICE DELIVERY PROGRAM

RURAL OUTREACH DEMORURAL OUTREACH DEMO GRANT PROGRAM

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 1
PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CATEGORY - SUBTYPE OF PROVIDER 2 1 2 C PROV0085

A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED

NURSING FACILITIES AND HOSPITALS.

COBOL NAME: CATEGORY-SUBTYPE-IND

VALUES: 01 PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE

CATEGORY OF PROVIDER/SUPPLIER 2 3 4 C PROV0075

IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE

PROVIDER OR SUPPLIER.
COBOL NAME: CATEGORY

VALUES: 13 PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE

CHANGE OF OWNERSHIP COUNTER 2 5 6 N PROV0095

THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS

TAKEN PLACE FOR A PARTICULAR PROVIDER.

COBOL NAME: CHOW-CNT

8 7 14 C PROV0100 CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT 15 42 C PROV3225 CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY COMPLIANCE: PLAN OF CORRECTION 43 43 C PROV0220 INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC COMPLIANCE: STATUS 1 44 44 C PROV2715 INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE В NOT IN COMPLIANCE COUNTY CODE 47 C PROV2695 45 SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300 NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER. COBOL NAME: CROSS-REF-PROV-NUM CURRENT FMS SURVEY DATE 8 58 65 C PROV0500 CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1 \* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2 PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4 LEN START END TYPE SAS NAME SHORT DESCRIPTION CURRENT SURVEY DATE 66 73 C PROV2740 THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER. COBOL NAME: SURVEY-DT-1 ELIGIBILITY CODE 74 74 C PROV0455 1 INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: ELIG-CD ELIGIBLE TO PARTICIPATE VALUES: 1 2 NOT ELIGIBLE TO PARTICIPATE FACILITY NAME 50 75 124 C PROV0475 THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: FACILITY-NAME 5 125 129 C PROV0605 INTERMEDIARY NUMBER

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER

SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES:	00011	САНАВА
	00122	HCSC - MICHIGAN
	00452	UNITED GOVT SERVICES
	00454	USG CALIFORNIA
	00510	BLUE SHIELD (ALABAMA)
	00511	САНАВА
	00520	BLUE SHIELD (ARKANSAS)
	00528	BLUE SHIELD (ARKANSAS/LOUISIANA)
	00542	BLUE SHIELD (CALIFORNIA)
	00550	BLUE SHIELD (COLORADO)
	00570	BLUE SHIELD (DELAWARE)
	00580	BLUE SHIELD (DISTRICT OF COLUMBIA)
	00590	BLUE SHIELD (FLORIDA)
	00621	BLUE SHIELD (ILLINOIS)
	00630	BLUE SHIELD (INDIANA)
	00640	BLUE SHIELD (IOWA)
	00650	BLUE SHIELD (KANSAS)
	00655	BLUE SHIELD (KANSAS/NEBRASKA)
	00660	BLUE SHIELD (KENTUCKY)
	00690	BLUE SHIELD (MARYLAND)
	00700	BLUE SHIELD (MASSACHUSETTS)
	00710	BLUE SHIELD (MICHIGAN)
	00720	BLUE SHIELD (MINNESOTA)
	00740	BLUE SHIELD (KANSAS CITY)
	00751	BLUE SHIELD (MONTANA)
	00770	BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
	00780	BLUE SHIELD (TRI-STATE)
	00801	BLUE SHIELD (BUFFALO)

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* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 3
PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS	NAME

00803	BLUE SHIELD (EMPIRE)
00805	BLUE SHIELD OF NEW YORK
00820	BLUE SHIELD (NORTH DAKOTA)
00825	BLUE SHIELD (NORTH DAKOTA/WYOMING)
00860	BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865	BLUE SHIELD (PENNSYLVANIA)
00870	BLUE SHIELD (RHODE ISLAND)
00880	BLUE SHIELD (SOUTH CAROLINA)
00883	PALMETTO
00900	BLUE SHIELD (TEXAS)
00901	TRAILBLAZERS HEALTH ENTERPRISES
00910	BLUE SHIELD (UTAH)
00930	BLUE SHIELD (WASHINGTON)
00951	WISCONSIN PHYSICIANS SERVICE
00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN
00973	BLUE SHIELD (PUERTO RICO)

00974	BLUE SHIELD (VIRGIN ISLANDS)
01010	AETNA (PEORIA)
01020	AETNA (ALASKA)
01030	AETNA (ARIZONA)
01040	AETNA (GEORGIA)
01120	AETNA (HAWAII)
01290	AETNA (NEVADA)
01360	AETNA (NEW MEXICO)
01370	AETNA (OKLAHOMA)
01380	AETNA (OREGON)
01390	AETNA (WASHINGTON)
02050	OCCIDENTAL (CALIFORNIA)
05130	EQICOR (IDAHO)
05440	EQICOR (TENNESSEE)
05535	EQICOR (NORTH CAROLINA)
10071	TRAVELERS (RRB)
10230	TRAVELERS (CONNECTICUT)
10240	TRAVELERS (MINNESOTA)
10250	TRAVELERS (MISSISSIPPI)
10490	TRAVELERS (VIRGINIA)
10492	TRAVELERS - VIRGINIA SPECIAL PROJECT
11260	GENERAL AMERICAN
14330	GROUP HEALTH INC (NEW YORK)
16360	NATIONWIDE (OHIO)
16510	NATIONWIDE (WEST VIRGINIA)
21200	MASSACHUSETTS/MAINE
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERITAGE INSURANCE

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 4 PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4 LEN START END TYPE SAS NAME SHORT DESCRIPTION 144 C PROV0655 MEDICARE OR MEDICAID VENDOR NUMBER 15 130 A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM PARTICIPATION DATE 8 145 152 C PROV1565 THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT PRIOR CHANGE OF OWNERSHIP 153 160 C 8 PROV1615 THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT 5 PRIOR INTERMEDIARY NUMBER 161 165 C PROV1620 A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM PROVIDER NUMBER 10 166 175 C PROV1680 A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER

IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER,

A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.

COBOL NAME: PROV-NUM

RECORD TYPE 1 176 C PROV1720

THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.

COBOL NAME: RECORD-TYPE

VALUES: A ACCEPTED
P PENDING
W WORK

REGION CODE 2 177 178 C PROV1725

THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE

STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES:	01	I	BOSTON
	02	II	NEW YORK
	03	III	PHILADELPHIA
	04	IV	ATLANTA
	05	V	CHICAGO
	06	VI	DALLAS
	07	VII	KANSAS CITY
	08	VIII	DENVER
	09	IX	SAN FRANCISCO
	10	X	SEATTLE

SKELETON RECORD INDICATOR 1 179 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE

FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES:

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 5
PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4

SHORT DESCRIPTION LEN START END TYPE SAS NAME

YES

STATE ABBREVIATION 2 180 181 C PROV3230

GUAM

HAWAII

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

GU

ΗI

VALUES: AK ALASKA ALALABAMA AR ARKANSAS AS AMERICAN SAMOA AZARIZONA CA CALIFORNIA CN CANADA CO COLORADO CTCONNECTICUT DISTRICT OF COLUMBIA DC DE DELAWARE FLFLORIDA GΑ GEORGIA

IOWA ΙA ID IDAHO ILILLINOIS ININDIANA KS KANSAS ΚY KENTUCKY LΑ LOUISIANA MΑ MASSACHUSETTS MD MARYLAND MEMAINE MΙ MICHIGAN MNMINNESOTA MO MISSOURI MΡ SAIPAN MS MISSISSIPPI MTMONTANA MX MEXICO NC NORTH CAROLINA ND NORTH DAKOTA NENEBRASKA NHNEW HAMPSHIRE NJ NEW JERSEY MM NEW MEXICO NVNEVADA NY NEW YORK OH OHIO OK OKLAHOMA OREGON OR

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 6

PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4

## SHORT DESCRIPTION LEN START END TYPE SAS NAME

PENNSYLVANIA PAPR PUERTO RICO RHODE ISLAND RΙ SOUTH CAROLINA SC SOUTH DAKOTA TNTENNESSEE TEXAS ΤX UT UTAH VA VIRGINIA VI VIRGIN ISLANDS VTVERMONT WA WASHINGTON WΙ WISCONSIN WV WEST VIRGINIA WY WYOMING

STATE CODE (SSA) 2 182 183 C PROV2700

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS

LOCATED.

COBOL NAME: SSA-STATE

VALUES: 01 ALABAMA

0.0	2 - 2 02
02	ALASKA
03	ARIZONA
04	ARKANSAS
05	CALIFORNIA
06	COLORADO
07	CONNECTICUT
08	DELAWARE
09	DISTRICT OF COLUMBIA
10	FLORIDA
11	GEORGIA
12	HAWAII
13	IDAHO
14	ILLINOIS
15	INDIANA
16	IOWA
17	KANSAS
18	KENTUCKY
19	LOUISIANA
20	MAINE
21	MARYLAND
22	MASSACHUSETTS
23	MICHIGAN
24	MINNESOTA
25	MISSISSIPPI
26	MISSOURI
27	MONTANA
28	NEBRASKA

48

49

50

PAGE: 7 1DATE: 04/03/2006 POS RECORD LAYOUT PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
29	NEVADA				
30	NEW HAMPSHIRE				
31	NEW JERSEY				
32	NEW MEXICO				
33	NEW YORK				
34	NORTH CAROLINA				
35	NORTH DAKOTA				
36	OHIO				
37	OKLAHOMA				
38	OREGON				
39	PENNSYLVANIA				
40	PUERTO RICO				
41	RHODE ISLAND				
42	SOUTH CAROLINA				
43	SOUTH DAKOTA				
44	TENNESSEE				
45	TEXAS				
46	UTAH				
47	VERMONT				

VIRGIN ISLANDS

VIRGINIA

WASHINGTON

51 52 53 56 59 64 65	WEST VIRGINIA WISCONSIN WYOMING CANADA MEXICO AMERICAN SAMOA GUAM SAIPAN			
STATE REGION CODE  FOR SELECTED STATES, IDENTIFI  WITHIN THE STATE WHERE THE FA  COBOL NAME: STATE-REGION-CD			С	PROV2710
STREET ADDRESS  STREET ADDRESS OF A PROVIDER  PROVIDE MEDICARE AND/OR MEDIC  COBOL NAME: STREET-ADDRESS	THAT IS CERTIFIED	187 236 TO	С	PROV2720
TELEPHONE NUMBER  THE 10 DIGIT TELEPHONE NUMBER  THE OPERATOR OF A PROVIDER.  COBOL NAME: PHONE-NUM	10 OF THE PRIMARY C		С	PROV1605
TERMINATION CODE # 1  TERMINATION CODE #1, THE REAS  TERMINATED FROM THE CLIA, MED  PROGRAMS.  COBOL NAME: TERM-CD-1  VALUES:	ON A FACILITY HAS ICARE AND/OR MEDIO	CAID		
* INDICATES THIS FIELD HAS BEEN A	DDED OR CHANGED S	TNCE: 01/0	3/クロロ6	
1DATE: 04/03/2006 POS PHYSICAL THERAPISTS IN INDEPENDEN	RECORD LAYOUT	·		PAGE: 8
	RECORD LAYOUT I PRACTICE, CATEG	·	(SEE P	PAGE: 8 POSITIONS 3-4
PHYSICAL THERAPISTS IN INDEPENDEN	RECORD LAYOUT I PRACTICE, CATEG	ORY = "13"	(SEE P	PAGE: 8 POSITIONS 3-4
PHYSICAL THERAPISTS IN INDEPENDEN  SHORT DESCRIPTION  00 01 02 03 04 05 06	RECORD LAYOUT I PRACTICE, CATEGO  LEN  ACTIVE  VOL-MERG, CLOSE  VOL-REIMBURSE  VOL-RISK INVOL  VOL-OTHER  INVOL-FAIL REQ  INVOL-AGREEMNT  OTH-STATUS CHG  E 1 8  TIFICATE TERMINATI  RRENT CLIA CERTIF	ORY = "13" START END  249 256 ED OR ICATE.	(SEE P	PAGE: 8 POSITIONS 3-4

TYPE OF CONTROL	2	258	259	С	PROV2885
INDICATES THE NATURE OF THE ORGANIZATION	THAT I	OPERATE	S		
A PROVIDER OF SERVICES.					
COBOL NAME: TYPE-CONTROL					
ZIP CODE	5	260	264	C	PROV2905
THE FIVE DIGIT POSTAL CODE FOR THE PROVI	IDER.				
COBOL NAME: ZIP-CD					
FIPS STATE CODE	2	265	266	C	FIPSTATE
FIPS STATE CODE					
COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	267	269	C	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	270	272	C	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	273	273	С	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHAN 1DATE: 04/03/2006 POS RECORD LAYO COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CA	UT		,	,	PAGE: 1
SHORT DESCRIPTION	LEN S	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND	FOR SI		_	С	PROV0085
VALUES: 01 COMPREHENSI	VE OU.	LPATTEN	1.1.		
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST IND PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY	2 DICATIV	3 VE OF T	_	С	PROV0075
VALUES: 14 COMPREHENSI	VE OU	rpatien	T REF	HAB FA	CILITIES
CHANGE OF OWNERSHIP COUNTER  THE NUMBER OF TIMES A CHANGE OF OWNERSHIP TAKEN PLACE FOR A PARTICULAR PROVIDER.  COBOL NAME: CHOW-CNT	_	_	6	N	PROV0095
CHANGE OF OWNERSHIP DATE  EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.  COBOL NAME: CHOW-DT	8	7	14	С	PROV0100
CITY  CITY IN WHICH THE PROVIDER IS PHYSICALLY  COBOL NAME: CITY	28 LOCATI	15 ED.	42	С	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE	1 WITH 1	43 PROGRAM	43 I	С	PROV0220

REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION

OF DEFICIENCIES.

COBOL NAME: COMPL-ACCEPT-PLAN-COR

VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC

COMPLIANCE: STATUS 1 44 44 C PROV2715

INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE

WITH PROGRAM REQUIREMENTS.
COBOL NAME: STATUS-COMPL

VALUES: A IN COMPLIANCE

B NOT IN COMPLIANCE

COUNTY CODE 3 45 47 C PROV2695

SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY

IS LOCATED.

COBOL NAME: SSA-COUNTY

CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300

NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.

COBOL NAME: CROSS-REF-PROV-NUM

CURRENT FMS SURVEY DATE 8 58 65 C PROV0500

CURRENT FMS SURVEY DATE
COBOL NAME: FMS-SURVEY-DT-1

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2

COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CURRENT SURVEY DATE 8 66 73 C PROV2740

THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR

THE PROVIDER.

COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE 1 74 74 C PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN

THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE

NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 50 75 124 C PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO

PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 125 129 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER

SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES: 00010 BLUE CROSS (ALABAMA)

00011 CAHABA

00020 BLUE CROSS (ARKANSAS) 00030 BLUE CROSS (ARIZONA) 00040 BLUE CROSS (CALIFORNIA)

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BLUE CROSS (CONNECTICUT)
BLUE CROSS (DELAWARE)
BLUE CROSS (FLORIDA)
BLUE CROSS (GEORGIA)
                    00070
                     00090
                    00101
                    00121
                                              HEALTH CARE SERVICE CORPORATION
                    00122
                                              HCSC - MICHIGAN
                                              HCSC OF MICHIGAN
                                      HCSC OF MICHIGAN
BLUE CROSS (INDIANA)
ADMINISTAR FEDERAL (CHICAGO)
BLUE CROSS (IOWA/SOUTH DAKOTA)
BLUE CROSS (KANSAS)
BLUE CROSS (KENTUCKY)
BLUE CROSS (MAINE)
BLUE CROSS (MARYLAND)
BLUE CROSS (MASSACHUSETTS)
BLUE CROSS (MICHIGAN)
BLUE CROSS (MINNESOTA)
                     00130
                    00131
                     00140
                    00150
                    00160
                     00180
                    00200
                    00210
                    00220
                                              BLUE CROSS (MINNESOTA)
                    00230
                                              BLUE CROSS (MISSISSIPPI)
                    00231
                                              BLUE CROSS (LOUISIANA)
                     00241
                                              BLUE CROSS (MISSOURI)
                                            BLUE CROSS (MONTANA)
BLUE CROSS (NEBRASKA)
NEW HAMPSHIRE-VERMONT HEALTH SERVICE
                     00250
                    00260
                    00270
 * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT
 COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)
                                                                LEN START END TYPE SAS NAME
    SHORT DESCRIPTION
                    00280
                                                BLUE CROSS (NEW JERSEY)
                    00290
                                              BLUE CROSS (NEW MEXICO)
                                          BLUE CROSS (NEW MEXICO)
BLUE CROSS (EMPIRE)
BLUE CROSS (NORTH CAROLINA)
BLUE CROSS (NORTH DAKOTA)
COMMUNITY MUTUAL INSURANCE CO
BLUE CROSS (OKLAHOMA)
BLUE CROSS (OREGON)
BLUE CROSS (OREGON) (IDAHO CLAIMS)
BLUE CROSS (INDEPENDENCE)
BLUE CROSS (WESTERN PENNSYLVANIA)
                     00308
                     00310
                    00320
                    00332
                    00340
                    00350
                    00351
                     00363
                    00366
                                              HIGHMARK MEDICARE SERVICES
                    00370
                                                BLUE CROSS (RHODE ISLAND)
                    00380
                                              BLUE CROSS (SOUTH CAROLINA)
                    00390
                                              BLUE CROSS (TENNESSEE)
                    00400
                                              BLUE CROSS (TEXAS)
                                             BLUE CROSS (UTAH)
BLUE CROSS (VIRGINIA/WEST VA)
BLUE CROSS (WASHINGTON & ALASKA)
BLUE CROSS (WISCONSIN)
                     00410
                     00423
                     00430
                     00450
                                                UNITED GOVT SERVICES
                     00452
                    00454
                                              USG CALIFORNIA
                     00460
                                              BLUE CROSS (WYOMING)
                     00468
                                              BLUE CROSS (NORTH CAROLINA FOR PR)
                     00511
                                              CAHABA
                    00883
                                               PALMETTO
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00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN
01390	AETNA (WASHINGTON)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERITAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 4 COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME MEDICARE OR MEDICAID VENDOR NUMBER 130 144 C PROV0655 15 A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM 8 145 152 C PROV1565 PARTICIPATION DATE THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT PRIOR CHANGE OF OWNERSHIP 8 153 160 C PROV1615 THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT 5 161 165 C PROV1620 PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER. WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM PROVIDER NUMBER 10 166 175 C PROV1680 A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER. COBOL NAME: PROV-NUM 176 176 C PROV1720 RECORD TYPE 1 THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE VALUES: Α ACCEPTED

PENDING

WORK

Р

W

REGION CODE 2 177 178 C PROV1725

THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE

STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES:	01	I	BOSTON
	02	II	NEW YORK
	03	III	PHILADELPHIA
	04	IV	ATLANTA
	05	V	CHICAGO
	06	VI	DALLAS
	07	VII	KANSAS CITY
	08	VIII	DENVER
	09	IX :	SAN FRANCISCO
	10	X	SEATTLE

SKELETON RECORD INDICATOR 1 179 179 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE

FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES:

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 5
COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

Y YES

STATE ABBREVIATION 2 180 181 C PROV3230

ALASKA

KENTUCKY

LOUISIANA

MASSACHUSETTS

STATE ABBREVIATION

VALUES: AK

COBOL NAME: STATE-ABBREV

ΚY

LA

MA

$\mathtt{AL}$	ALABAMA
AR	ARKANSAS
AS	AMERICAN SAMOA
AZ	ARIZONA
CA	CALIFORNIA
CN	CANADA
CO	COLORADO
CT	CONNECTICUT
DC	DISTRICT OF COLUMBIA
DE	DELAWARE
FL	FLORIDA
GA	GEORGIA
GU	GUAM
HI	HAWAII
IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS

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MD
                    MARYLAND
ME
                    MAINE
MΙ
                    MICHIGAN
MN
                    MINNESOTA
MO
                    MISSOURI
MΡ
                    SAIPAN
MS
                    MISSISSIPPI
МТ
                    MONTANA
MX
                    MEXICO
NC
                    NORTH CAROLINA
ND
                    NORTH DAKOTA
NE
                    NEBRASKA
NH
                    NEW HAMPSHIRE
NJ
                    NEW JERSEY
NM
                    NEW MEXICO
NV
                    NEVADA
NY
                    NEW YORK
OH
                    OHIO
OK
                    OKLAHOMA
                    OREGON
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\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 6

COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

#### SHORT DESCRIPTION LEN START END TYPE SAS NAME

DΔ PENNSYLVANIA PR PUERTO RICO RΙ RHODE ISLAND SC SOUTH CAROLINA SD SOUTH DAKOTA TNTENNESSEE TX TEXAS UT UTAH VA VIRGINIA VI VIRGIN ISLANDS VTVERMONT WAWASHINGTON WISCONSIN WΙ WV WEST VIRGINIA WY WYOMING

STATE CODE (SSA) 2 182 183 C PROV2700

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS

LOCATED.

COBOL NAME: SSA-STATE

VALUES: 01 ALABAMA 02 ALASKA 03 ARIZONA 04 ARKANSAS 05 CALIFORNIA 06 COLORADO 07 CONNECTICUT 80 DELAWARE DISTRICT OF COLUMBIA 09

1.0	EI OD I D A
10	FLORIDA
11	GEORGIA
12	HAWAII
13	IDAHO
14	ILLINOIS
15	INDIANA
16	AWOI
17	KANSAS
18	KENTUCKY
19	LOUISIANA
20	MAINE
21	MARYLAND
22	MASSACHUSETTS
23	MICHIGAN
24	MINNESOTA
25	MISSISSIPPI
26	MISSOURI
27	MONTANA
28	NEBRASKA

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 7 COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

### SHORT DESCRIPTION LEN START END TYPE SAS NAME

29	NEVADA
30	NEW HAMPSHIRE
31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO
41	RHODE ISLAND
42	SOUTH CAROLINA
43	SOUTH DAKOTA
44	TENNESSEE
45	TEXAS
46	UTAH
47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA
52	WISCONSIN
53	WYOMING
56	CANADA
59	MEXICO
64	AMERICAN SAMOA
65	GUAM
66	SAIPAN

184 186 C PROV2710 STATE REGION CODE FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED COBOL NAME: STATE-REGION-CD 50 187 236 C PROV2720 STREET ADDRESS STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: STREET-ADDRESS TELEPHONE NUMBER 10 237 246 C PROV1605 THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM TERMINATION CODE # 1 2 247 248 C PROV4770 TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: TERM-CD-1 VALUES: \* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME  $\Omega \Omega$ ACTIVE VOL-MERG, CLOSE 0.2 VOL-REIMBURSE 03 VOL-RISK INVOL 04 VOL-OTHER 0.5 INVOL-FAIL REQ 06 INVOL-AGREEMNT 07 OTH-STATUS CHG TERMINATION DATE/EXPIRATION DATE 1 8 249 256 C PROV4500 THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE FACILITY WAS TERMINATED. COBOL NAME: EXP-DT-1 257 257 C PROV2880 TYPE OF ACTION 1 IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION VALUES: 1 INITIAL 2 RECERTIFICATION TERMINATION CHANGE OF OWNERSHIP 2 258 259 C PROV2885 TYPE OF CONTROL INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL VALUES: 01 PROPRIETARY

NON PROFIT CHURCH

NON PROFIT OTHER

02 03

5 260 264 C PROV2905 ZIP CODE THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD FIPS STATE CODE 2. 265 266 C FIPSTATE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE FIPS COUNTY CODE 3 267 269 C FIPCNTY FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY SSA MSA CODE 3 270 272 C SSAMSACD SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD SSA MSA SIZE CODE 1 273 273 C SSAMSASZ SSA MSA SIZE CODE

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 9
COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

FISCAL YEAR ENDING DATE 4 378 381 C PROV0485
THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL

VEAD

YEAR.

COBOL NAME: FISC-YR-END-DT

COBOL NAME: WS-SSA-MSA-SIZE-CD

SRV: OCCUPATIONAL THERAPY 1 558 558 C PROV2270

INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE

PROVIDED.

COBOL NAME: SP-OCCUP-THERAPY

VALUES: 0 NOT PROVIDED

1 PROVIDED BY EMPLOYEES

2 PROVIDED UNDER ARRANGEMENT

3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: PHYSICAL THERAPY 1 570 570 C PROV2370

INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED.

COBOL NAME: SP-PHYSICAL-THERAPY

VALUES: 1 PROVIDED BY EMPLOYEES

2 PROVIDED UNDER ARRANGEMENT

3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: SOCIAL 1 585 585 C PROV2485

INDICATES HOW SOCIAL SERVICES ARE PROVIDED.

COBOL NAME: SP-SOCIAL

VALUES: 0 NOT PROVIDED

1 PROVIDED BY EMPLOYEES

2 PROVIDED UNDER ARRANGEMENT OR AGREEMENT

3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: SPEECH PATHOLOGY 1 586 586 C PROV2505

INDICATES HOW SPEECH PATHOLOGY SERVICES ARE PROVIDED.

COBOL NAME: SP-SPEECH-PATH

VALUES: 0 NOT PROVIDED

1 PROVIDED BY EMPLOYEES

2 PROVIDED UNDER ARRANGEMENT OR AGREEMENT

3 PROVIDED BY INDEPENDENT CONTRACTOR

RELATED PROVIDER NUMBER 10 1228 1237 C PROV1755

THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.

COBOL NAME: RELATED-PROV-NUM

SRV: NURSING 1 1465 C PROV2250

INDICATES HOW NURSING SERVICES ARE PROVIDED.

COBOL NAME: SP-NURSING

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 10 COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

3 COMBINATION

PARENT PROVIDER NUMBER 10 1631 1640 C PROV1560

THE IDENTIFICATION NUMBER OF THE PARENT PROVIDER WHEN A

PROVIDER IS PART OF AN EXISTING MEDICARE PROVIDER.

COBOL NAME: PARENT-PROV-NUM

PARTICIPATION MEDICARE OPT/SP 1 1674 1674 C PROV1570

INDICATES IF A COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY ALSO PARTICIPATES IN MEDICARE AS A PROVIDER OF OUTPATIENT PHYSICAL THERAPY AND/OR SPEECH PATHOLOGY.

COBOL NAME: PARTIC-OPT-SP

VALUES: N NO YES

SRV: NURSING #2 1 1675 C PROV6140

INDICATES HOW NURSING SERVICES ARE PROVIDED

COBOL NAME: SP-NURSING-2

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

SRV: NURSING #3 1 1676 1676 C PROV6145

INDICATES HOW NURSING SERVICES ARE PROVIDED

COBOL NAME: SP-NURSING-3

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

SRV: OCCUPATIONAL THERAPY #2 1 1677 C PROV2275

INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE

PROVIDED.

COBOL NAME: SP-OCCUP-THERAPY-2

VALUES: 0 NOT PROVIDED

1 PROVIDED BY EMPLOYEES

2 PROVIDED UNDER ARRANGEMENT

3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: OCCUPATIONAL THERAPY #3 1 1678 C PROV2280

INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE

PROVIDED.

COBOL NAME: SP-OCCUP-THERAPY-3

VALUES: 0 NOT PROVIDED

PROVIDED BY EMPLOYEES
2 PROVIDED UNDER ARRANGEMENT

3 PROVIDED BY INDEPENDENT CONTRACTOR

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 11 COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: ORTHOTIC/PROSTHETIC 1 1679 1679 C PROV2325

INDICATES HOW ORTHOTIC/PROSTHETIC SERVICES ARE PROVIDED BY A COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY.

COBOL NAME: SP-ORTHOTIC-PROSTHET

VALUES: 0 NOT PROVIDED

1 PROVIDED BY EMPLOYEES

2 PROVIDED UNDER ARRANGEMENT

3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: ORTHOTIC/PROSTHETIC #2 1 1680 1680 C PROV2330

INDICATES HOW ORTHOTIC/PROSTHETIC SERVICES ARE PROVIDED BY A COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY.

COBOL NAME: SP-ORTHOTIC-PROSTHET-2

VALUES: 0 NOT PROVIDED

1 PROVIDED BY EMPLOYEES

2 PROVIDED UNDER ARRANGEMENT

3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: ORTHOTIC/PROSTHETIC #3 1 1681 1681 C PROV2335

INDICATES HOW ORTHOTIC/PROSTHETIC SERVICES ARE PROVIDED BY A COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY.

COBOL NAME: SP-ORTHOTIC-PROSTHET-3

VALUES: 0 NOT PROVIDED

1 PROVIDED BY EMPLOYEES

2 PROVIDED UNDER ARRANGEMENT

3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: PHYSICAL THERAPY #2 1 1682 1682 C PROV2375

INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED.

COBOL NAME: SP-PHYSICAL-THERAPY-2

VALUES: 1 PROVIDED BY EMPLOYEES

2 PROVIDED UNDER ARRANGEMENT

3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: PHYSICAL THERAPY #3 1 1683 1683 C PROV2380

INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED.

COBOL NAME: SP-PHYSICAL-THERAPY-3

VALUES: 1 PROVIDED BY EMPLOYEES

2 PROVIDED UNDER ARRANGEMENT

3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: PHYSICIAN 1 1684 1684 C PROV2385

INDICATES HOW PHYSICIAN SERVICES ARE PROVIDED.

COBOL NAME: SP-PHYSICIAN

VALUES: 1 PROVIDED BY EMPLOYEES

2 PROVIDED UNDER ARRANGEMENT

3 PROVIDED BY INDEPENDENT CONTRACTOR

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 12

COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: PHYSICIAN #2 1 1685 1685 C PROV2390

INDICATES HOW PHYSICIAN SERVICES ARE PROVIDED.

COBOL NAME: SP-PHYSICIAN-2

VALUES: 1 PROVIDED BY EMPLOYEES

2 PROVIDED UNDER ARRANGEMENT

3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: PHYSICIAN #3 1 1686 1686 C PROV2395

INDICATES HOW PHYSICIAN SERVICES ARE PROVIDED.

COBOL NAME: SP-PHYSICIAN-3

VALUES: 1 PROVIDED BY EMPLOYEES

2 PROVIDED UNDER ARRANGEMENT

3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: PSYCHOLOGICAL 1 1687 C PROV2420

INDICATES HOW PSYCHOLOGICAL SERVICES ARE PROVIDED.

COBOL NAME: SP-PSYCHOLOGICAL

VALUES: 0 NOT PROVIDED

1 PROVIDED BY EMPLOYEES

2 PROVIDED UNDER ARRANGEMENT

3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: PSYCHOLOGICAL #2 1 1688 1688 C PROV2425

INDICATES HOW PSYCHOLOGICAL SERVICES ARE PROVIDED.

COBOL NAME: SP-PSYCHOLOGICAL-2

VALUES: 0 NOT PROVIDED

1 PROVIDED BY EMPLOYEES

2 PROVIDED UNDER ARRANGEMENT

3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: PSYCHOLOGICAL #3 1 1689 1689 C PROV2430

INDICATES HOW PSYCHOLOGICAL SERVICES ARE PROVIDED.

COBOL NAME: SP-PSYCHOLOGICAL-3

VALUES: 0 NOT PROVIDED

1 PROVIDED BY EMPLOYEES

2 PROVIDED UNDER ARRANGEMENT

3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: RESPIRATORY CARE 1 1690 1690 C PROV2455

INDICATES HOW RESPIRATORY CARE SERVICES ARE PROVIDED.

COBOL NAME: SP-RESP-CARE

VALUES: 0 NOT PROVIDED

1 PROVIDED BY EMPLOYEES

2 PROVIDED BY ARRANGEMENT OR AGREEMENT 3 PROVIDED BY INDEPENDENT CONTRACTOR

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 13
COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: RESPIRATORY CARE #2 1 1691 1691 C PROV2460

INDICATES HOW RESPIRATORY CARE SERVICES ARE PROVIDED.

COBOL NAME: SP-RESP-CARE-2

VALUES: 0 NOT PROVIDED

1 PROVIDED BY EMPLOYEES

2 PROVIDED UNDER ARRANGEMENT

3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: RESPIRATORY CARE #3 1 1692 C PROV2465

INDICATES HOW RESPIRATORY CARE SERVICES ARE PROVIDED.

COBOL NAME: SP-RESP-CARE-3

VALUES: 0 NOT PROVIDED

1 PROVIDED BY EMPLOYEES

2 PROVIDED UNDER ARRANGEMENT

3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: SOCIAL #2 1 1693 1693 C PROV2490

INDICATES HOW SOCIAL SERVICES ARE PROVIDED.

COBOL NAME: SP-SOCIAL-2

VALUES: 0 NOT PROVIDED

1 PROVIDED BY EMPLOYEES

2 PROVIDED UNDER ARRANGEMENT

3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: SOCIAL #3 1 1694 1694 C PROV2495

INDICATES HOW SOCIAL SERVICES ARE PROVIDED.

COBOL NAME: SP-SOCIAL-3

VALUES: 0 NOT PROVIDED

1 PROVIDED BY EMPLOYEES

2 PROVIDED UNDER ARRANGEMENT

3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: SPEECH PATHOLOGY #2 1 1695 1695 C PROV2510

INDICATES HOW SPEECH PATHOLOGY SERVICES ARE PROVIDED.

COBOL NAME: SP-SPEECH-PATH-2

VALUES: 0 NOT PROVIDED

1 2 3	PROVIDED BY PROVIDED BY	NDER AR	RANGE		TRACTO	)R
SRV: SPEECH PATHOLOGY #3 INDICATES HOW SPEECH PATHOLOGY COBOL NAME: SP-SPEECH-PATH-3 VALUES: 0 1 2 3	Y SERVICES A NOT PROVIDE PROVIDED BY PROVIDED BY	ED Y EMPLC NDER AR	VIDED YEES RANGEN	· MENT		PROV2515 PROV2515
* INDICATES THIS FIELD HAS BEEN AND 1DATE: 04/03/2006 POS AMBULATORY SURGICAL CENTERS	RECORD LAYO	TUC				PAGE: 1
SHORT DESCRIPTION		LEN S	TART	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDING FACILITIES AND HOSPITATION OF THE COBOL NAME: CATEGORY-SUBTYPE-	ALS.	2 FOR SK		2	С	PROV0085
VALUES: 01	AMBULATORY	SURGIO	AL CEI	NTER		
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 15					С	PROV0075
CHANGE OF OWNERSHIP COUNTER  THE NUMBER OF TIMES A CHANGE ( TAKEN PLACE FOR A PARTICULAR I COBOL NAME: CHOW-CNT	OF OWNERSHIE	2 P (CHOW		6	N	PROV0095
CHANGE OF OWNERSHIP DATE  EFFECTIVE DATE OF A CHANGE OF  COBOL NAME: CHOW-DT	OWNERSHIP.	8	7	14	С	PROV0100
CITY  CITY IN WHICH THE PROVIDER IS  COBOL NAME: CITY	PHYSICALLY	28 LOCATE	15 D.	42	С	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN REQUIREMENTS BASED ON AN ACCEL OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN- VALUES: 1	PTABLE PLAN	FOR CC	ROGRAI RRECT	M ION		PROV0220
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUI WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A		1 N COMPL	44			PROV2715
В	NOT IN COM	PLIANCE	1			
COUNTY CODE		3	45	47	С	PROV2695

SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY

IS LOCATED.

COBOL NAME: SSA-COUNTY

CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300

NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.

COBOL NAME: CROSS-REF-PROV-NUM

CURRENT FMS SURVEY DATE 8 58 65 C PROV0500

CURRENT FMS SURVEY DATE
COBOL NAME: FMS-SURVEY-DT-1

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2

AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CURRENT SURVEY DATE 8 66 73 C PROV2740

THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR

THE PROVIDER.

COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE 1 74 74 C PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN

THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE

NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 50 75 124 C PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO

PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 125 129 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER

SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES: 00010 BLUE CROSS (ALABAMA) 00011 CAHABA 00020 BLUE CROSS (ARKANSAS)

00020
BLUE CROSS (ARRANSAS)
00030
BLUE CROSS (ARIZONA)
00040
BLUE CROSS (CALIFORNIA)
00060
BLUE CROSS (CONNECTICUT)
00070
BLUE CROSS (DELAWARE)

00090 BLUE CROSS (FLORIDA) 00101 BLUE CROSS (GEORGIA)

00121 HEALTH CARE SERVICE CORPORATION

00122 HCSC - MICHIGAN 00123 HCSC OF MICHIGAN

00130 BLUE CROSS (INDIANA) 00131 ADMINISTAR FEDERAL (CHICAGO)

00140 BLUE CROSS (IOWA/SOUTH DAKOTA) 00150 BLUE CROSS (KANSAS)

00150 BLUE CROSS (KANSAS) 00160 BLUE CROSS (KENTUCKY) 00180 BLUE CROSS (MAINE)

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00190
BLUE CROSS (MARYLAND)
00200
BLUE CROSS (MASSACHUSETTS)
00210
BLUE CROSS (MICHIGAN)
00220
BLUE CROSS (MINNESOTA)
00230
BLUE CROSS (MISSISSIPPI)
00231
BLUE CROSS (LOUISIANA)
00241
BLUE CROSS (MISSOURI)
                                                          BLUE CROSS (MONTANA)
BLUE CROSS (NEBRASKA)
NEW HAMPSHIRE-VERMONT HEALTH SERVICE
                           00250
                          00260
                           00270
 * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006
                                                      POS RECORD LAYOUT
                                                                                                                              PAGE: 3
              AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)
     SHORT DESCRIPTION
                                                                                   LEN START END TYPE SAS NAME
                          00280
                                                              BLUE CROSS (NEW JERSEY)
                                                   BLUE CROSS (NEW MEXICO)
BLUE CROSS (EMPIRE)
BLUE CROSS (NORTH CAROLINA)
BLUE CROSS (NORTH DAKOTA)
COMMUNITY MUTUAL INSURANCE CO
BLUE CROSS (OKLAHOMA)
BLUE CROSS (OREGON)
BLUE CROSS (OREGON) (IDAHO CLAIMS)
BLUE CROSS (INDEPENDENCE)
BLUE CROSS (WESTERN PENNSYLVANIA)
HIGHMARK MEDICARE SERVICES
BLUE CROSS (RHODE ISLAND)
BLUE CROSS (SOUTH CAROLINA)
BLUE CROSS (TENNESSEE)
                           00290
                           00308
                           00310
                          00320
                          00332
                          00340
                          00350
                          00351
                          00362
                          00363
                          00366
                          00370
                          00380
                          00390
                                                           BLUE CROSS (TENNESSEE)
                                                 BLUE CROSS (TEXAS)
BLUE CROSS (UTAH)
BLUE CROSS (VIRGINIA/WEST VA)
BLUE CROSS (WASHINGTON & ALASKA)
BLUE CROSS (WISCONSIN)
UNITED GOVT SERVICES
USG CALIFORNIA
BLUE CROSS (WYOMING)
BLUE CROSS (NORTH CAROLINA FOR PR)
BLUE SHIELD (ALABAMA)
                          00410
                          00423
                          00430
                           00450
                          00452
                          00454
                           00468
                           00510
                          00511
                                                              CAHABA
                          00520
                                                            BLUE SHIELD (ARKANSAS)
                          00528
                                                           BLUE SHIELD (ARKANSAS/LOUISIANA)
                          00542
                                                           BLUE SHIELD (CALIFORNIA)
                                                          BLUE SHIELD (COLORADO)
BLUE SHIELD (DELAWARE)
BLUE SHIELD (DISTRICT OF COLUMBIA)
BLUE SHIELD (FLORIDA)
BLUE SHIELD (ILLINOIS)
                           00570
                          00580
                          00590
                          00621
                          00630
                                                     BLUE SHIELD (INDIAN)
BLUE SHIELD (IOWA)
BLUE SHIELD (KANSAS)
BLUE SHIELD (KANSAS/NEBRASKA)
BLUE SHIELD (KENTUCKY)
                                                           BLUE SHIELD (INDIANA)
                           00640
                           00650
                           00655
                           00660
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00690 BLUE SHIELD (MARYLAND)
00700 BLUE SHIELD (MASSACHUSETTS)
00710 BLUE SHIELD (MICHIGAN)
00720 BLUE SHIELD (MINNESOTA)
00740 BLUE SHIELD (KANSAS CITY)
00751 BLUE SHIELD (MONTANA)
00770
                                 BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
00780
                                BLUE SHIELD (TRI-STATE)
                                 BLUE SHIELD (BUFFALO)
00801
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1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 4

AMBULATORY SURGICAL CENTER	S, CATEGORY = "15" (SEE POSITIONS 3-4)
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
00803	BLUE SHIELD (EMPIRE)
00805	BLUE SHIELD OF NEW YORK
00820	BLUE SHIELD (NORTH DAKOTA)
00825	BLUE SHIELD (NORTH DAKOTA/WYOMING)
00860	BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865	BLUE SHIELD (PENNSYLVANIA)
00870	BLUE SHIELD (RHODE ISLAND)
00880	BLUE SHIELD (SOUTH CAROLINA)
00883	PALMETTO
00900	BLUE SHIELD (TEXAS)
00901	TRAILBLAZERS HEALTH ENTERPRISES
00910	BLUE SHIELD (UTAH)
00930	BLUE SHIELD (WASHINGTON)
00951	WISCONSIN PHYSICIANS SERVICE
00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN
00973	BLUE SHIELD (PUERTO RICO)
00974	BLUE SHIELD (VIRGIN ISLANDS)
01010	AETNA (PEORIA)
01020	AETNA (ALASKA)
01030	AETNA (ARIZONA)
01040	AETNA (GEORGIA)
01120	AETNA (HAWAII)
01290	AETNA (NEVADA)
01360	AETNA (NEW MEXICO)
01370	AETNA (OKLAHOMA)
01380	AETNA (OREGON)
01390	AETNA (WASHINGTON)
02050	OCCIDENTAL (CALIFORNIA) EQICOR (IDAHO)
05130	EQICOR (IDANO) EQICOR (TENNESSEE)
05440 05535	EQICOR (IENNESSEE) EQICOR (NORTH CAROLINA)
10071	TRAVELERS (RRB)
10230	TRAVELERS (CONNECTICUT)
10240	TRAVELERS (MINNESOTA)
10250	TRAVELERS (MISSISSIPPI)
10490	TRAVELERS (VIRGINIA)
10492	TRAVELERS - VIRGINIA SPECIAL PROJECT
11260	GENERAL AMERICAN

14330 16360	GROUP HEALTH INC (NEW YORK) NATIONWIDE (OHIO)
16510	NATIONWIDE (WEST VIRGINIA)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
21200	MASSACHUSETTS/MAINE
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 5

AMBULATORY SURGICAL CENTERS. CATEGORY = "15" (SEE POSITIONS 3-4)

AMBULATORY SURGICAL CENTER	RS, CATEGO	ORY = "1	5" (SEE	POSI'	TIONS	3-4)
SHORT DESCRIPTION		LEN	START	END	TYPE	SAS NAME
31144	NATIONAI	L HERITA	GE INSU	RANCE	CO	
31146	NATIONAI	L HERITA	GE INSU	RANCE		
50333	TRAVELE	RS (NEW	YORK)			
51051	AETNA (I	PETALUMA	.)			
51070	AETNA (I	FARMINGT	ON)			
51100	AETNA (	CLEARWAT	ER)			
51140	AETNA (I	PEORIA)				
51390	AETNA (I	FORT WAS	HINGTON	)		
52280	MUTUAL (	OF OMAHA				
57400	COOPERA	riva (pu	ERTO RI	CO)		
MEDICARE OR MEDICAID VENDOR NUM	MBER	15	130	144	С	PROV0655
A NUMBER WHICH MAY BE ASSIGNE	ED TO A FA	ACILITY	BY THE			
STATE MEDICAID AGENCY FOR EXT	TERNAL CO	NTROL OR	BILLIN	G		
PURPOSES.						
COBOL NAME: MEDICAID-VEND-NUM	ľ					
PARTICIPATION DATE		8	145	152	C	PROV1565
THE DATE A FACILITY IS FIRST	APPROVED	TO PROV	IDE			
MEDICARE AND/OR MEDICAID SERV	TICES.					
COBOL NAME: PARTCI-DT						
PRIOR CHANGE OF OWNERSHIP		8	153	160	C	PROV1615
THE DATE OF A PRIOR CHANGE OF	OWNERSH	IP.				
COBOL NAME: PRIOR-CHOW-DT						
PRIOR INTERMEDIARY NUMBER		5	161	165	C	PROV1620
A PREVIOUS INTERMEDIARY NUMBE	CR.WHEN					
COBOL NAME: PRIOR-INTER-CARRI	ER-NUM					
PROVIDER NUMBER		10	166	175	C	PROV1680
A SIX OR TEN POSITION IDENTIF	CICATION 1	NUMBER T	HAT IS	AS-		
SIGNED TO A CERTIFIED PROVIDE	ER OR SUPI	PLIER.	A PROVI	DER		
IS ISSUED A 6 POSITION NUMERI	C OR ALPI	HANUMERI	C NUMBE	R,		
A SUPPLIER IS ISSUED A 10 POS	SITION ALI	PHANUMER	IC NUMB	ER.		
COBOL NAME: PROV-NUM						
RECORD TYPE		1	176	176	C	PROV1720
THIS INDICATOR SPECIFIES THE	CURRENT S	STATUS O	F RECOR	D.		
COBOL NAME: RECORD-TYPE						
VALUES: A	ACCEPTEI	)				
P	PENDING					
W	WORK					

2 177 178 C PROV1725 REGION CODE THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE

STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES: 01 I BOSTON II NEW YORK 02 03 III PHILADELPHIA 04 IV ATLANTA 05 V CHICAGO

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 6

AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

> 06 VI DALLAS VII KANSAS CITY 07 80 VIII DENVER 09 IX SAN FRANCISCO 10 X SEATTLE

SKELETON RECORD INDICATOR 1 179 179 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE

FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES: Y YES

2 180 181 C PROV3230 STATE ABBREVIATION

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES: ALASKA ΑK ALALABAMA AR ARKANSAS

> AS AMERICAN SAMOA

ΑZ ARIZONA CALIFORNIA CA CNCANADA CO COLORADO CTCONNECTICUT

DC DISTRICT OF COLUMBIA

DE DELAWARE FLFLORIDA GΑ GEORGIA GU GUAM ΗТ HAWAII ΙA IOWA ID IDAHO ILILLINOIS ININDIANA KS KANSAS ΚY KENTUCKY LA LOUISIANA MA MASSACHUSETTS MARYLAND

MEMAINE MΙ MICHIGAN

```
MN MINNESOTA
MO MISSOURI
MP SAIPAN
MS MISSISSIPPI
MT MONTANA
MX MEXICO
```

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 7

AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

#### SHORT DESCRIPTION LEN START END TYPE SAS NAME

NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT	VERMONT
WA	WASHINGTON
WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING

STATE CODE (SSA) 2 182 183 C PROV2700

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS

LOCATED.

COBOL NAME: SSA-STATE

VALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA
	04	ARKANSAS
	05	CALIFORNIA
	06	COLORADO
	07	CONNECTICUT
	08	DELAWARE
	09	DISTRICT OF COLUMBIA
	10	FLORIDA
	11	GEORGIA
	12	HAWAII

13 IDAHO
14 ILLINOIS
15 INDIANA
16 IOWA
17 KANSAS

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 8

AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

## SHORT DESCRIPTION LEN START END TYPE SAS NAME

18	KENTUCKY
19	LOUISIANA
20	MAINE
21	MARYLAND
22	MASSACHUSETTS
23	MICHIGAN
24	MINNESOTA
25	MISSISSIPPI
26	MISSOURI
27	MONTANA
28	NEBRASKA
29	NEVADA
30	NEW HAMPSHIRE
31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO
41	RHODE ISLAND
42	SOUTH CAROLINA
43	SOUTH DAKOTA
44	TENNESSEE
45	TEXAS
46	UTAH
47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA
52	WISCONSIN
53	WYOMING
56	CANADA
59	MEXICO
64	AMERICAN SAMOA
65	GUAM
66	SAIPAN

STATE REGION CODE 3 184 186 C PROV2710 FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION

# WITHIN THE STATE WHERE THE FACILITY IS LOCATED

COBOL NAME: STATE-REGION-CD

03

* INDICATES THIS FIELD HAS BEEN AND 1DATE: 04/03/2006 POS AMBULATORY SURGICAL CENTERS	RECORD LAYOUT			•	PAGE: 9
SHORT DESCRIPTION	LEN S	START	END	TYPE	SAS NAME
STREET ADDRESS  STREET ADDRESS OF A PROVIDER TO PROVIDE MEDICARE AND/OR MEDICARE COBOL NAME: STREET-ADDRESS	THAT IS CERTIFIED		236	С	PROV2720
TELEPHONE NUMBER  THE 10 DIGIT TELEPHONE NUMBER  THE OPERATOR OF A PROVIDER.  COBOL NAME: PHONE-NUM	10 OF THE PRIMARY CO	_		С	PROV1605
TERMINATION CODE # 1 TERMINATION CODE #1, THE REASO TERMINATED FROM THE CLIA, MED	ON A FACILITY HAS		248	С	PROV4770
PROGRAMS. COBOL NAME: TERM-CD-1 VALUES: 00 01 02 03 04 05 06 07	ACTIVE VOL-MERG, CLOSE VOL-REIMBURSE VOL-RISK INVOL VOL-OTHER INVOL-FAIL REQ INVOL-AGREEMNT OTH-STATUS CHG				
TERMINATION DATE/EXPIRATION DATE THE DATE THE LABORATORY'S CERTORY THE EXPIRATION DATE OF THE CULT FOR OTHER NON-CLIA PROVIDERS, FACILITY WAS TERMINATED. COBOL NAME: EXP-DT-1	TIFICATE TERMINATE RRENT CLIA CERTIF	ED OR ICATE.	256	С	PROV4500
TYPE OF ACTION IDENTIFIES THE PURPOSE FOR WHITH TRANSMITTAL FORM WAS PREPARED COBOL NAME: TYPE-ACTION VALUES: 1 2 3 4 5	CH THE CERTIFICAT	TION AN		С	PROV2880
TYPE OF CONTROL INDICATES THE NATURE OF THE OF A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL VALUES: 01 02	2 RGANIZATION THAT ( PROPRIETARY NON PROFIT	258 OPERATE		С	PROV2885

GOVERNMENT

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 10

AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME ZIP CODE 5 260 264 C PROV2905 THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD FIPS STATE CODE 2 265 266 C FIPSTATE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE FIPS COUNTY CODE 3 267 269 C FIPCNTY FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY 3 270 272 C SSAMSACD SSA MSA CODE SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD SSA MSA SIZE CODE 1 273 273 C SSAMSASZ SSA MSA SIZE CODE COBOL NAME: WS-SSA-MSA-SIZE-CD ACCREDITATION INDICATOR 290 290 C PROV0010 INDICATES THE ORGANIZATION THAT IS RESPONSIBLE FOR THE ACCREDITATION OF THE PROVIDER. COBOL NAME: ACCRED-STAT VALUES: 0 NONE 1 **JCAHO** 2 AAAHC AAAASF AOA

COMPLIANCE: LIFE SAFETY CODE 1 356 356 C PROV0240

INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN

RECOMMENDED FOR A PROVIDER.

COBOL NAME: COMPL-LSC

VALUES: 1 WAIVER RECOMMENDED

FISCAL YEAR ENDING DATE 4 378 381 C PROV0485

THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL

YEAR.

COBOL NAME: FISC-YR-END-DT

SRV: PHARMACY 1 569 569 C PROV2365

INDICATES HOW PHARMACY SERVICES ARE PROVIDED.

COBOL NAME: SP-PHARMACY

VALUES: 1 PROVIDED DIRECTLY BY THE FACILITY

2 PROVIDED THROUGH AN OUTSIDE SOURCE

3 COMBINATION

RELATED PROVIDER NUMBER 10 1228 1237 C PROV1755

THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD

WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.

COBOL NAME: RELATED-PROV-NUM

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 11

AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: OTHER 1 1467 C PROV2340

INDICATES HOW OTHER (NOT SPECIFIED) SERVICES ARE

PROVIDED.

COBOL NAME: SP-OTHER

VALUES: N NOT OFFERED Y OFFERED

DATE CENTER BEGAN PROVIDING SERV 8 1697 1704 C PROV0415

THE DATE AN AMBULATORY SURGICAL CENTER (ASC) BEGAN

PROVIDING HEALTH CARE SERVICES.

COBOL NAME: DT-SERVICE-BEGAN

FREE STANDING INDICATOR (ASC) 1 1705 C PROV0550

INDICATES IF THE AMBULATORY SURGICAL CENTER IS FREE STANDING. THIS INDICATOR IS USED BY SOME STANDARD

REPORTS TO GET CERTAIN PROVIDER RANGES.

COBOL NAME: FREE-STAND-IND

VALUES: Y YES FREE STANDING

HOSPITAL BASED INDICATOR 1 1706 1706 C PROV0565

HOSPITAL BASED INDICATOR
COBOL NAME: HOSP-BASED-IND

VALUES: 1 HOSPITAL BASED

OPERATING ROOMS 2 1707 1708 N PROV1055

THE NUMBER OF OPERATING ROOMS IN AN AMBULATORY SURGICAL

CENTER.

COBOL NAME: NUM-OPERATING-ROOMS

SPEC: CARDIOVASCULAR 1 1709 1709 C PROV2095

INDICATES IF CARDIOVASCULAR SURGERY IS OFFERED BY AN

AMBULATORY SURGICAL CENTER.
COBOL NAME: SP-CARDIOVASCULAR

VALUES: N NOT OFFERED

Y OFFERED

SPEC: FOOT 1 1710 C PROV2145

INDICATES IF FOOT SURGERY IS OFFERED BY AN AMBULATORY

SURGICAL CENTER.
COBOL NAME: SP-FOOT

VALUES: N NOT OFFERED

Y OFFERED

SPEC: GENERAL 1 1711 C PROV2150

INDICATES IF GENERAL SURGERY IS OFFERED BY AN

AMBULATORY SURGICAL CENTER.

COBOL NAME: SP-GENERAL

VALUES: N NOT OFFERED

Y OFFERED

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 12

AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SPEC: NEUROLOGICAL 1 1712 C PROV2240

INDICATES IF NEUROLOGICAL SURGERY IS OFFERED BY AN

AMBULATORY SURGICAL CENTER.
COBOL NAME: SP-NEUROLOGICAL

VALUES: N NOT OFFERED

Y OFFERED

SPEC: OBSTETRICS/GYNECOLOGY 1 1713 1713 C PROV2260

INDICATES IF OBSTETRICS/GYNECOLOGY SURGERY IS OFFERED

BY AN AMBULATORY SURGICAL CENTER. COBOL NAME: SP-OBSTETR-GYNECOL

VALUES: N NOT OFFERED

Y OFFERED

SPEC: OPTHAMOLOGY 1 1714 1714 C PROV2290

INDICATES IF OPTHAMOLOGY SURGERY IS OFFERED BY AN

AMBULATORY SURGICAL CENTER.
COBOL NAME: SP-OPTHAMOLOGY-SURG

VALUES: N NOT OFFERED

Y OFFERED

SPEC: ORAL 1 1715 C PROV2305

INDICATES IF ORAL SURGERY IS OFFERED BY AN AMBULATORY

SURGICAL CENTER.
COBOL NAME: SP-ORAL

VALUES: N NOT OFFERED

Y OFFERED

SPEC: ORTHOPEDIC 1 1716 1716 C PROV2320

INDICATES IF ORTHOPEDIC SURGERY IS OFFERED BY AN

AMBULATORY SURGICAL CENTER.
COBOL NAME: SP-ORTHOPEDIC

VALUES: N NOT OFFERED

Y OFFERED

SPEC: OTOLARYNGOLOGY 1 1717 C PROV2345

INDICATES IF OTOLARYNGOLOGY SURGERY IS OFFERED BY AN

AMBULATORY SURGICAL CENTER.

COBOL NAME: SP-OTOLARYRGOLOGY

VALUES: N NOT OFFERED

Y OFFERED

SPEC: PLASTIC 1 1718 1718 C PROV2400

INDICATES IF PLASTIC SURGERY IS OFFERED BY AN

AMBULATORY SURGICAL CENTER.
COBOL NAME: SP-PLASTIC

VALUES: N NOT OFFERED

Y OFFERED

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 13

AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SPEC: THORACIC 1 1719 1719 C PROV2525

INDICATES IF THORACIC SURGERY IS OFFERED BY AN

AMBULATORY SURGICAL CENTER.
COBOL NAME: SP-THORACIC

VALUES: N NOT OFFERED
Y OFFERED

SPEC: UROLOGY 1 1720 1720 C PROV2530

INDICATES IF UROLOGY SURGERY IS OFFERED BY AN

AMBULATORY SURGICAL CENTER. COBOL NAME: SP-UROLOGY

VALUES: N NOT OFFERED Y OFFERED

SRV: EKG 1 1721 1721 C PROV2135

INDICATES IF EKG SERVICES ARE PROVIDED BY AN AMBULATORY

SURGICAL CENTER.
COBOL NAME: SP-EKG

VALUES: 0 NOT PROVIDED

PROVIDED DIRECTLY BY THE FACILITY
PROVIDED THROUGH AN OUTSIDE SOURCE

3 COMBINATION

SRV: LABORATORY 1 1722 C PROV2200

INDICATES HOW LABORATORY SERVICES ARE PROVIDED.

COBOL NAME: SP-LABORATORY

VALUES: 1 PROVIDED DIRECTLY BY THE FACILITY
2 PROVIDED THROUGH AN OUTSIDE SOURCE

3 COMBINATION

SRV: RADIOLOGY 1 1723 1723 C PROV2435

INDICATES HOW RADIOLOGY SERVICES ARE PROVIDED.

COBOL NAME: SP-RADIOLOGY

VALUES: 1 PROVIDED DIRECTLY BY THE FACILITY

2 PROVIDED THROUGH AN OUTSIDE SOURCE

3 COMBINATION

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 1

HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME CATEGORY - SUBTYPE OF PROVIDER 2. 1 2 C PROV0085 A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 HOSPICE CATEGORY OF PROVIDER/SUPPLIER 3 4 C PROV0075 IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 16 HOSPICES CHANGE OF OWNERSHIP COUNTER 5 6 N PROV0095 THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT 7 CHANGE OF OWNERSHIP DATE 8 14 C PROV0100 EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT CITY 28 15 42 C PROV3225 CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY COMPLIANCE: PLAN OF CORRECTION 43 C PROV0220 43 INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC 44 C PROV2715 COMPLIANCE: STATUS 44 INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE NOT IN COMPLIANCE В 45 47 C PROV2695 COUNTY CODE SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY 57 C CROSS REFERENCE PROVIDER NUMBER PROV0300 NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER. COBOL NAME: CROSS-REF-PROV-NUM

8

58

CURRENT FMS SURVEY DATE

CURRENT FMS SURVEY DATE
COBOL NAME: FMS-SURVEY-DT-1

65 C PROV0500

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2

HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CURRENT SURVEY DATE 8 66 73 C PROV2740

THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR

THE PROVIDER.

COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE 1 74 74 C PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN

THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE

NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 50 75 124 C PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO

PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 125 129 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER

SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES:	00010	BLUE CROSS (ALABAMA)
	00011	CAHABA
	00020	BLUE CROSS (ARKANSAS)
	00030	BLUE CROSS (ARIZONA)
	00040	BLUE CROSS (CALIFORNIA)
	00060	BLUE CROSS (CONNECTICUT)
	00070	BLUE CROSS (DELAWARE)
	00090	BLUE CROSS (FLORIDA)
	00101	BLUE CROSS (GEORGIA)
	00121	HEALTH CARE SERVICE CORPORATION
	00122	HCSC - MICHIGAN
	00123	HCSC OF MICHIGAN
	00130	BLUE CROSS (INDIANA)
	00131	ADMINISTAR FEDERAL (CHICAGO)
	00140	BLUE CROSS (IOWA/SOUTH DAKOTA)
	00150	BLUE CROSS (KANSAS)
	00160	BLUE CROSS (KENTUCKY)
	00180	BLUE CROSS (MAINE)
	00190	BLUE CROSS (MARYLAND)
	00200	BLUE CROSS (MASSACHUSETTS)
	00210	BLUE CROSS (MICHIGAN)
	00220	BLUE CROSS (MINNESOTA)
	00230	BLUE CROSS (MISSISSIPPI)
	00231	BLUE CROSS (LOUISIANA)
	00241	BLUE CROSS (MISSOURI)
	00250	BLUE CROSS (MONTANA)
	00260	BLUE CROSS (NEBRASKA)
	00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE

<sup>\*</sup> INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 3
HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN START END TYPE SAS NAME
00280	BLUE CROSS (NEW JERSEY)
00290	BLUE CROSS (NEW MEXICO)
00308	BLUE CROSS (EMPIRE)
00308	BLUE CROSS (NORTH CAROLINA)
00320	BLUE CROSS (NORTH DAKOTA)
00320	COMMUNITY MUTUAL INSURANCE CO
00332	BLUE CROSS (OKLAHOMA)
00350	BLUE CROSS (OREGON)
00350	BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362	BLUE CROSS (INDEPENDENCE)
00363	BLUE CROSS (WESTERN PENNSYLVANIA)
00366	HIGHMARK MEDICARE SERVICES
00370	BLUE CROSS (RHODE ISLAND)
00380	BLUE CROSS (SOUTH CAROLINA)
00390	BLUE CROSS (TENNESSEE)
00400	BLUE CROSS (TEXAS)
00410	BLUE CROSS (UTAH)
00423	BLUE CROSS (VIRGINIA/WEST VA)
00430	BLUE CROSS (WASHINGTON & ALASKA)
00450	BLUE CROSS (WISCONSIN)
00452	UNITED GOVT SERVICES
00454	USG CALIFORNIA
00460	BLUE CROSS (WYOMING)
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00511	CAHABA
00883	PALMETTO
00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN
01390	AETNA (WASHINGTON)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERITAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

## HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION		LEN	START	END	TYPE	SAS NA
MEDICARE OR MEDICAID VENDOR NU	JMBER	15	130	144	С	PROV06
A NUMBER WHICH MAY BE ASSIGN	IED TO	A FACILITY	BY THE			
STATE MEDICAID AGENCY FOR EX	TERNAI	CONTROL OR	BILLIN	īG		
PURPOSES.						
COBOL NAME: MEDICAID-VEND-NU	JM					
PARTICIPATION DATE		8	145	152	C	PROV15
THE DATE A FACILITY IS FIRST	' APPRO	OVED TO PROV	IDE			
MEDICARE AND/OR MEDICAID SER	VICES.					
COBOL NAME: PARTCI-DT						
PRIOR CHANGE OF OWNERSHIP		8	153	160	C	PROV16
THE DATE OF A PRIOR CHANGE (	F OWNE	ERSHIP.				
COBOL NAME: PRIOR-CHOW-DT						
PRIOR INTERMEDIARY NUMBER		5	161	165	C	PROV16
A PREVIOUS INTERMEDIARY NUME	BER.WHE	EN				
COBOL NAME: PRIOR-INTER-CARE	LIER-NU	JM				
PROVIDER NUMBER		10	166	175	C	PROV16
A SIX OR TEN POSITION IDENTI	FICATI	ON NUMBER T	HAT IS	AS-		
SIGNED TO A CERTIFIED PROVIL	ER OR	SUPPLIER.	A PROVI	DER		
IS ISSUED A 6 POSITION NUMER	RIC OR	ALPHANUMERI	C NUMBE	R,		
A SUPPLIER IS ISSUED A 10 PC	SITION	I ALPHANUMER	IC NUMB	ER.		
COBOL NAME: PROV-NUM						
RECORD TYPE		1	176	176	С	PROV17
THIS INDICATOR SPECIFIES THE	CURRE	ENT STATUS C	F RECOR	D.		
COBOL NAME: RECORD-TYPE						
VALUES: A	ACCE	EPTED				
P	PENI	OING				
W	WORK	ζ				
REGION CODE		2	177	178	C	PROV17
THE HCFA REGIONAL OFFICE HAV	TNG RE	_		_	C	110017
STATE IN WHICH THE PROVIDER	_		I FOR I	1111		
COBOL NAME: REGION	15 100	AIED.				
VALUES: 01	I	BOSTON				
02	II	NEW YORK				
03	III	PHILADELPH	T 7\			
03	IV	ATLANTA	IIA			
05						
		CHICAGO				
06	VI		17.7			
07		KANSAS CIT	Y			
08		DENVER				
09		SAN FRANCIS	iCO			
10	X	SEATTLE				
SKELETON RECORD INDICATOR		1	179	179	С	PROV20
TMDIGATED DEGODD IG A GKELER	ON REC	CORD. THIS	MEANS			
INDICATES RECORD IS A SKELET		R DATA IS AV	AILABLE			
ONLY A LIMITED SET OF THE PR	COATDEL	·- ·- ·				
	COATDER					
ONLY A LIMITED SET OF THE PR	COATDER					
ONLY A LIMITED SET OF THE PF FOR THIS PROVIDER. COBOL NAME: SKELETON-IND	COVIDER					
ONLY A LIMITED SET OF THE PF FOR THIS PROVIDER.	OVIDER					
ONLY A LIMITED SET OF THE PF FOR THIS PROVIDER. COBOL NAME: SKELETON-IND		OR CHANGED	SINCE:	01/0	3/2006	j

POS RECORD LAYOUT
HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

Y YES

STATE ABBREVIATION 2 180 181 C PROV3230

STATE ABBREVIATION

OR

COBOL NAME: STATE-ABBREV VALUES: AK ALASKA ALALABAMA AR ARKANSAS AS AMERICAN SAMOA AZARIZONA CA CALIFORNIA CNCANADA CO COLORADO CTCONNECTICUT DC DISTRICT OF COLUMBIA DE DELAWARE FLFLORIDA GΑ GEORGIA GU GUAM HIHAWAII ΙA IOWA TD IDAHO ILILLINOIS IN INDIANA KS KANSAS ΚY KENTUCKY LA LOUISIANA MΑ MASSACHUSETTS MD MARYLAND MEMAINE MΙ MICHIGAN MN MINNESOTA MO MISSOURI MΡ SAIPAN MS MISSISSIPPI MTMONTANA MXMEXICO NCNORTH CAROLINA NDNORTH DAKOTA NENEBRASKA NHNEW HAMPSHIRE NJ NEW JERSEY NM NEW MEXICO NVNEVADA NY NEW YORK ОН OHIO OK OKLAHOMA

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 6

OREGON

<sup>\*</sup> INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

PA	PENNSYLVANIA							
PR	PUERTO RICO							
RI	RHODE ISLAND							
SC	SOUTH CAROLINA							
SD	SOUTH DAKOTA							
TN	TENNESSEE							
TX	TEXAS							
UT	UTAH							
VA	VIRGINIA							
VI	VIRGIN ISLANDS							
VT	VERMONT							
WA	WASHINGTON							
WI	WISCONSIN							
WV	WEST VIRGINIA							
WY	WYOMING							
STATE CODE (SSA)	2 182 183 C PROV2700							
TWO DIGIT CODE INDICATING STA	ATE WHERE FACILITY IS							
LOCATED.								
COBOL NAME: SSA-STATE								
VALUES: 01	ALABAMA							
02	ALASKA							
03	ARIZONA							
04	ARKANSAS							
05	CALIFORNIA							
06	COLORADO							
07	CONNECTICUT							
08	DELAWARE							
09	DISTRICT OF COLUMBIA							
10	FLORIDA							
11	GEORGIA							
12	HAWAII							
13	IDAHO							
14	ILLINOIS							
15	INDIANA							
16	IOWA							
17	KANSAS							
18	KENTUCKY							
19	LOUISIANA							
20	MAINE							
21	MARYLAND							
22	MASSACHUSETTS							
23	MICHIGAN							
24	MINNESOTA							
25	MISSISSIPPI							
26	MISSOURI							
27	MONTANA							
28	NEBRASKA							

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 7

HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

29	NE VADA	
30	NEW HAMPSHIRE	
31	NEW JERSEY	
32	NEW MEXICO	
33	NEW YORK	
34		
	NORTH CAROLINA	
35	NORTH DAKOTA	
36	OHIO	
37	OKLAHOMA	
38	OREGON	
39	PENNSYLVANIA	
40	PUERTO RICO	
41	RHODE ISLAND	
42	SOUTH CAROLINA	
43	SOUTH DAKOTA	
44	TENNESSEE	
45	TEXAS	
46	UTAH	
47	VERMONT	
48	VIRGIN ISLANDS	
49	VIRGINIA	
50	WASHINGTON	
51	WEST VIRGINIA	
52	WISCONSIN	
53	WYOMING	
56	CANADA	
59	MEXICO	
64	AMERICAN SAMOA	
65	GUAM	
66	SAIPAN	
STATE REGION CODE	3 184 186 C PROV2710	
FOR SELECTED STATES, IDENTIFIE		
WITHIN THE STATE WHERE THE FA		
	CIBITI IS DOCATED	
COBOL NAME: STATE-REGION-CD	F0 107 226 G PROMOTOR	
STREET ADDRESS	50 187 236 C PROV2720	
STREET ADDRESS OF A PROVIDER '		
PROVIDE MEDICARE AND/OR MEDIC.	AID SERVICES.	
COBOL NAME: STREET-ADDRESS		
TELEPHONE NUMBER	10 237 246 C PROV1605	
THE 10 DIGIT TELEPHONE NUMBER	OF THE PRIMARY CONTACT OR	
THE OPERATOR OF A PROVIDER.		
COBOL NAME: PHONE-NUM		
TERMINATION CODE # 1	2 247 248 C PROV4770	
TERMINATION CODE #1, THE REAS		
TERMINATED FROM THE CLIA, MED	ICARE AND/OR MEDICALD	
PROGRAMS.		
COBOL NAME: TERM-CD-1		
VALUES:		
* INDICATES THIS FIELD HAS BEEN A	DDED OR CHANGED SINCE: 01/03/2006	
	RECORD LAYOUT PAGE: 8	3
	Y = "16" (SEE POSITIONS 3-4)	
HODITCED, CATEGOR	10 (000 1000 0 1)	

LEN START END TYPE SAS NAME

NEVADA

29

SHORT DESCRIPTION

00 01 02 03 04 05 06 07  TERMINATION DATE/EXPIRATION DAT THE DATE THE LABORATORY'S CER THE EXPIRATION DATE OF THE CU FOR OTHER NON-CLIA PROVIDERS, FACILITY WAS TERMINATED. COBOL NAME: EXP-DT-1	RTIFICATE TE JRRENT CLIA	RSE NVOL  REQ EMNT CHG  8 RMINAT	TED OR FICATE.	256	С	PROV4500
TYPE OF ACTION		1	257	257	С	PROV2880
IDENTIFIES THE PURPOSE FOR WETRANSMITTAL FORM WAS PREPARED COBOL NAME: TYPE-ACTION VALUES: 1 2 3 4 5		ATION N OWNERS	SHIP	ND		
TYPE OF CONTROL INDICATES THE NATURE OF THE C A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL	DRGANIZATION	2 THAT			С	PROV2885
VALUES: 01	VOLUNTARY	NON-PI	ROFIT -	CHUR	СН	
02	VOLUNTARY	NON-PI	ROFIT -	PRIV	ATE	
03	VOLUNTARY	NON-PI	ROFIT -	OTHE	R	
04	PROPRIETAR	Y - II	NDIVIDU	AL		
05	PROPRIETAR					
06	PROPRIETAR		_	ION		
07	PROPRIETAR					
08	GOVERNMENT					
09	GOVERNMENT					
10 11	GOVERNMENT GOVERNMENT			TV		
12	COMBINATIO				т	
13	OTHER	11 001	. a 11011	LICOLI	_	
ZIP CODE THE FIVE DIGIT POSTAL CODE FO	OR THE PROVI	5 DER.	260	264	С	PROV2905
COBOL NAME: ZIP-CD						
FIPS STATE CODE		2	265	266	С	FIPSTATE
FIPS STATE CODE						
COBOL NAME: WS-FIPS-STATE		2	0.68	0.50	~	
FIPS COUNTY CODE	ADDED OD CITA	мавр (				FIPCNTY
	RECORD LAY	OUT				PAGE: 9
HOSPICES, CATEGOR	αχ = "16" (S	FE POS	STITONS	3-4)		
SHORT DESCRIPTION		LEN	START	END	TYPE	SAS NAME

FIPS COUNTY CODE

COBOL NAME: WS-FIPS-CNTY

SSA MSA CODE 3 270 272 C SSAMSACD

SSA MSA CODE

COBOL NAME: WS-SSA-MSA-CD

SSA MSA SIZE CODE 1 273 273 C SSAMSASZ

SSA MSA SIZE CODE

COBOL NAME: WS-SSA-MSA-SIZE-CD

ACCREDITATION INDICATOR 1 290 290 C PROV0010

INDICATES THE ORGANIZATION THAT IS RESPONSIBLE FOR

THE ACCREDITATION OF THE PROVIDER.

COBOL NAME: ACCRED-STAT

VALUES: 0 NONE 1 JCAHO

2 CHAP

COMPLIANCE: LIFE SAFETY CODE 1 356 356 C PROV0240

INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN

RECOMMENDED FOR A PROVIDER.

COBOL NAME: COMPL-LSC

VALUES: 1 WAIVER RECOMMENDED

FISCAL YEAR ENDING DATE 4 378 381 C PROV0485

THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL

YEAR.

COBOL NAME: FISC-YR-END-DT

LICENSED PRACT/VOCAT NURSES 7.2 382 388 N PROV0955

NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL OR

VOCATIONAL NURSES EMPLOYED BY A FACILITY.

COBOL NAME: NUM-LPN-LVN

OTHER PERSONNEL 7.2 412 418 N PROV1075

THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED

PERSONNEL EMPLOYED BY A FACILITY.

COBOL NAME: NUM-OTHER-PERSNL

REGISTERED NURSES 7.2 473 479 N PROV1145

THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED

PROFESSIONAL NURSES EMPLOYED BY A PROVIDER.

COBOL NAME: NUM-REG-NURS

SRV: OCCUPATIONAL THERAPY 1 558 558 C PROV2270

INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE

PROVIDED.

COBOL NAME: SP-OCCUP-THERAPY

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 10

HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: PHYSICAL THERAPY 1 570 570 C PROV2370

INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED.

COBOL NAME: SP-PHYSICAL-THERAPY

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

SRV: SPEECH PATHOLOGY 1 586 586 C PROV2505

INDICATES HOW SPEECH PATHOLOGY SERVICES ARE PROVIDED.

COBOL NAME: SP-SPEECH-PATH

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT OR AGREEMENT

3 COMBINATION

TYPE OF FACILITY 2 593 594 C PROV2890

INDICATES THE CATEGORY WHICH REPRESENTS THE TYPE OF

FACTLTTY

COBOL NAME: TYPE-FACILITY

VALUES: 01 HOSPITAL

02 SKILLED NURSING FACILITY

03 NURSING FACILITY
04 HOME HEALTH AGENCY
05 FREESTANDING HOSPICE

RELATED PROVIDER NUMBER 10 1228 1237 C PROV1755

THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.

COBOL NAME: RELATED-PROV-NUM

HOME HEALTH AIDES 7.2 1427 1433 N PROV0910

NUMBER OF FULL-TIME EQUIVALENT HOME HEALTH AIDES EMPLOYED BY A HOME HEALTH AGENCY OR HOSPICE.

COBOL NAME: NUM-HOME-HEALTH-AIDES

SRV: MEDICAL SOCIAL 1 1464 1464 C PROV2220

INDICATES HOW MEDICAL SOCIAL SERVICES ARE PROVIDED

COBOL NAME: SP-MEDICAL-SOCIAL

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

SRV: NURSING 1 1465 C PROV2250

INDICATES HOW NURSING SERVICES ARE PROVIDED.

COBOL NAME: SP-NURSING

VALUES: 1 PROVIDED BY STAFF

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 11

HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

3 COMBINATION

SRV: OTHER 1 1467 C PROV2340

INDICATES HOW OTHER (NOT SPECIFIED) SERVICES ARE

PROVIDED.

COBOL NAME: SP-OTHER

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

TOTAL # OF EMPLOYEES 9.2 1614 1622 N PROV2850

THE TOTAL NUMBER OF FULL-TIME EMPLOYEES IN A HOSPICE OR AN INTERMEDIATE CARE FACILITY/MENTAL RETARDATION

FACILITY.

COBOL NAME: TOT-EMPLOYEES

PHYSICIANS 7.2 1641 1647 N PROV1110

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIANS EMPLOYED

BY A PROVIDER.

COBOL NAME: NUM-PHYS

SRV: PHYSICIAN 1 1684 1684 C PROV2385

INDICATES HOW PHYSICIAN SERVICES ARE PROVIDED.

COBOL NAME: SP-PHYSICIAN

VALUES: 1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

ACUTE/RESPITE CARE INDICATOR 1 1724 1724 C PROV0015

INDICATES IF THE HOSPICE PROVIDES ACUTE AND/OR RESPITE

SHORT TERM INPATIENT CARE.

COBOL NAME: ACUTE-RESPITE

VALUES: A SHORT TERM INPATIENT ACUTE CARE PROV'D IN HSP

B SHORT TERM INPATIENT RESPITE CARE PROV IN HSP
C ST INPATIENT ACUTE & RESPITE CARE PROV IN HSP

COUNSELORS - STAFF 7.2 1725 1731 N PROV1225

THE NUMBER OF FULL-TIME EQUIVALENT COUNSELORS EMPLOYED

BY A HOSPICE.

COBOL NAME: NUM-STAFF-COUNSL

COUNSELORS - VOLUNTEER 7.2 1732 1738 N PROV1480

THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER COUNSELORS

IN A HOSPICE.

COBOL NAME: NUM-VOL-COUNSL

HOME HEALTH AIDES - VOLUNTEER 7.2 1739 1745 N PROV1485

THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER HOME

HEALTH AIDES IN A HOSPICE.

COBOL NAME: NUM-VOL-HHA

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 12

HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

HOMEMAKERS - STAFF 7.2 1746 1752 N PROV0915

THE NUMBER OF FULL-TIME EOUIVALENT HOMEMAKERS EMPLOYED

BY A HOSPICE.

COBOL NAME: NUM-HOMEMAKERS

HOMEMAKERS - VOLUNTEER 7.2 1753 1759 N PROV1490

THE NUMBER OF FULL-TIME EQUIVALENT HOMEMAKERS IN A

HOSPICE.

COBOL NAME: NUM-VOL-HOMEMKR

LPNS/LVNS - VOLUNTEER 7.2 1760 1766 N PROV1495

THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER LICENSED

PRACTICAL/VOCATIONAL NURSES IN A HOSPICE.

COBOL NAME: NUM-VOL-LPN-LVN

MEDICAL SOCIAL WORKERS 7.2 1767 1773 N PROV0975

NUMBER OF FULL-TIME EQUIVALENT MEDICAL SOCIAL WORKERS

EMPLOYED BY A HOSPITAL OR HOSPICE.

COBOL NAME: NUM-MED-SOCIAL-WRKS

MEDICAL SOCIAL WORKERS - VOLUNTEER 7.2 1774 1780 N PROV1510

THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER MEDICAL

SOCIAL WORKERS IN A HOSPICE.

COBOL NAME: NUM-VOL-SOC-WORK

PHYSICIANS - VOLUNTEER 7.2 1781 1787 N PROV1500

THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER PHYSICIANS

IN A HOSPICE.

COBOL NAME: NUM-VOL-PHYS

REGISTERED NURSES - VOLUNTEER 7.2 1788 1794 N PROV1505

THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER REGISTERED

NURSES IN A HOSPICE.

COBOL NAME: NUM-VOL-REG-NURS

SRV: COUNSELING 1 1795 C PROV2115

INDICATES HOW COUNSELING SERVICES ARE PROVIDED BY A

HOSPICE.

COBOL NAME: SP-COUNSELING

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

SRV: HOME HEALTH AIDE 1 1796 1796 C PROV2165

INDICATES HOW HOME HEALTH AIDE SERVICES ARE PROVIDED BY

A HOSPICE.

COBOL NAME: SP-HOME-HEALTH-AIDE

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 13

HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: HOMEMAKER 1 1797 1797 C PROV2170

INDICATES HOW HOMEMAKER SERVICES ARE PROVIDED BY A

HOSPICE

COBOL NAME: SP-HOMEMAKER

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

SRV: MEDICAL SUPPLIES 1 1798 1798 C PROV2225

INDICATES HOW MEDICAL SUPPLIES SERVICES ARE PROVIDED BY

A HOSPICE.

COBOL NAME: SP-MEDICAL-SUPPLIES

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

SRV: SHORT TERM INPATIENT CARE 1 1799 1799 C PROV2480

INDICATES HOW SHORT TERM INPATIENT CARE SERVICES ARE

PROVIDED BY A HOSPICE.

COBOL NAME: SP-SHORT-TERM-INCARE

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

VOLUNTEERS - OTHER 7.2 1800 1806 N PROV1080

THE NUMBER OF FULL-TIME EQUIVALENT OTHER VOLUNTEERS IN

A HOSPICE.

COBOL NAME: NUM-OTHER-VOLS

VOLUNTEERS - TOTAL 9.2 1807 1815 N PROV2860

THE NUMBER OF FULL-TIME VOLUNTEERS IN A HOSPICE.

COBOL NAME: TOT-VOLS

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 1

ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CATEGORY - SUBTYPE OF PROVIDER 2 1 2 C PROV0085

A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED

NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND

VALUES: 01 ORGAN PROCUREMENT

CATEGORY OF PROVIDER/SUPPLIER 2 3 4 C PROV0075 IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY ORGAN PROCUREMENT ORGANIZATIONS VALUES: 17 CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT CHANGE OF OWNERSHIP DATE 8 7 14 C PROV0100 EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT CITY 28 15 42 C PROV3225 CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY COMPLIANCE: PLAN OF CORRECTION 43 43 C PROV0220 INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC COMPLIANCE: STATUS 44 44 C PROV2715 INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE R NOT IN COMPLIANCE COUNTY CODE 45 47 C PROV2695 SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY CROSS REFERENCE PROVIDER NUMBER 48 57 C PROV0300 NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER. COBOL NAME: CROSS-REF-PROV-NUM 58 65 C PROV0500 CURRENT FMS SURVEY DATE CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1 \* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2 ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 73 C PROV2740 66 CURRENT SURVEY DATE THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER. COBOL NAME: SURVEY-DT-1

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN

74 74 C PROV0455

ELIGIBILITY CODE

THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE 2 NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 50 75 124 C PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO

PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 125 129 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER

SERVICING A PROVIDER OR SUPPLIER. COBOL NAME: INTER-CARRIER-NUM

VALUES:	00010	BLUE CROSS (ALABAMA)
	00011	САНАВА
	00020	BLUE CROSS (ARKANSAS)
	00030	BLUE CROSS (ARIZONA)
	00040	BLUE CROSS (CALIFORNIA)
	00060	BLUE CROSS (CONNECTICUT)
	00070	BLUE CROSS (DELAWARE)
	00090	BLUE CROSS (FLORIDA)
	00101	BLUE CROSS (GEORGIA)
	00121	HEALTH CARE SERVICE CORPORATION
	00122	HCSC - MICHIGAN
	00123	HCSC OF MICHIGAN
	00130	BLUE CROSS (INDIANA)
	00131	ADMINISTAR FEDERAL (CHICAGO)
	00140	BLUE CROSS (IOWA/SOUTH DAKOTA)
	00150	BLUE CROSS (KANSAS)
	00160	BLUE CROSS (KENTUCKY)
	00180	BLUE CROSS (MAINE)
	00190	BLUE CROSS (MARYLAND)
	00200	BLUE CROSS (MASSACHUSETTS)
	00210	BLUE CROSS (MICHIGAN)
	00220	BLUE CROSS (MINNESOTA)
	00230	BLUE CROSS (MISSISSIPPI)
	00231	BLUE CROSS (LOUISIANA)
	00241	BLUE CROSS (MISSOURI)
	00250	BLUE CROSS (MONTANA)
	00260	BLUE CROSS (NEBRASKA)
	00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE

* ]	INDICATES	THIS	FIELD	HAS	BEEN	ADDED	OR	CHANGED	SINCE:	01/03/2006
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1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 3

ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN START END TYPE SAS NAME
00280	BLUE CROSS (NEW JERSEY)
00290	BLUE CROSS (NEW MEXICO)
00308	BLUE CROSS (EMPIRE)
00310	BLUE CROSS (NORTH CAROLINA)
00320	BLUE CROSS (NORTH DAKOTA)
00332	COMMUNITY MUTUAL INSURANCE CO
00340	BLUE CROSS (OKLAHOMA)
00350	BLUE CROSS (OREGON)

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00351
                   BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362
                   BLUE CROSS (INDEPENDENCE)
00363
                   BLUE CROSS (WESTERN PENNSYLVANIA)
00366
                  HIGHMARK MEDICARE SERVICES
00370
                  BLUE CROSS (RHODE ISLAND)
00380
                 BLUE CROSS (SOUTH CAROLINA)
00390
                 BLUE CROSS (TENNESSEE)
00400
                  BLUE CROSS (TEXAS)
00410
                  BLUE CROSS (UTAH)
                 BLUE CROSS (VIRGINIA/WEST VA)
00423
00430
                 BLUE CROSS (WASHINGTON & ALASKA)
00450
                 BLUE CROSS (WISCONSIN)
00452
                  UNITED GOVT SERVICES
00454
                 USG CALIFORNIA
00460
                  BLUE CROSS (WYOMING)
00468
                  BLUE CROSS (NORTH CAROLINA FOR PR)
00511
                   CAHABA
00883
                   PALMETTO
00952
                  WPS - ILLINOIS
00953
                  WPS - MICHIGAN
00954
                 WI PHYSICIAN SERVICES - MN
01390
                  AETNA (WASHINGTON)
                 HAWAII MEDICAL SERVICE ASSOCIATION
NATIONAL HERITAGE (CA)
NATIONAL HERITAGE INSURANCE CO (MAINE)
17120
31140
31142
                 NATIONAL HERITAGE INSURANCE CO
31143
31144
                 NATIONAL HERITAGE INSURANCE CO
31146
                 NATIONAL HERITAGE INSURANCE
50333
                  TRAVELERS (NEW YORK)
51051
                 AETNA (PETALUMA)
51070
                 AETNA (FARMINGTON)
51100
                 AETNA (CLEARWATER)
51140
                 AETNA (PEORIA)
51390
                 AETNA (FORT WASHINGTON)
52280
                 MUTUAL OF OMAHA
                 COOPERATIVA (PUERTO RICO)
57400
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* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 4
ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)
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SHORT DESCRIPTION LEN START END TYPE SAS NAME

MEDICARE OR MEDICAID VENDOR NUMBER 15 130 144 C PROV0655 A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES.

COBOL NAME: MEDICAID-VEND-NUM

PARTICIPATION DATE 8 145 152 C PROV1565

THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE

MEDICARE AND/OR MEDICAID SERVICES.

COBOL NAME: PARTCI-DT

PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF COBOL NAME: PRIOR-CHOW-DT	OWNERSHIP.	8	153	160	С	PROV1615
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER COBOL NAME: PRIOR-INTER-CARR		5	161	165	С	PROV1620
PROVIDER NUMBER  A SIX OR TEN POSITION IDENTIFY SIGNED TO A CERTIFIED PROVIDE IS ISSUED A 6 POSITION NUMBER A SUPPLIER IS ISSUED A 10 POSITION NAME: PROV-NUM	FICATION NUMB ER OR SUPPLII IC OR ALPHANT	ER. A JMERIC	AT IS PROVI	AS- DER R,	С	PROV1680
RECORD TYPE THIS INDICATOR SPECIFIES THE COBOL NAME: RECORD-TYPE	CURRENT STAT	1 TUS OF			С	PROV1720
VALUES: A P W	ACCEPTED PENDING WORK					
REGION CODE  THE HCFA REGIONAL OFFICE HAVE STATE IN WHICH THE PROVIDER IS COBOL NAME: REGION VALUES: 01  02  03  04  05  06  07  08  09  10		N DRK DELPHI FA GO S CITY R	FOR T		С	PROV1725
SKELETON RECORD INDICATOR INDICATES RECORD IS A SKELETO ONLY A LIMITED SET OF THE PRO FOR THIS PROVIDER. COBOL NAME: SKELETON-IND VALUES:		1 THIS M IS AVA			С	PROV2045
* INDICATES THIS FIELD HAS BEEN A 1DATE: 04/03/2006 POS ORGAN PROCUREMENT ORGANIZATI	RECORD LAYO	DUT		·	•	PAGE: 5
SHORT DESCRIPTION		LEN	START	END	TYPE	SAS NAME
Υ	YES					
STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK AL AR AS AS	ALASKA ALABAMA ARKANSAS AMERICAN SA ARIZONA	2 AMOA	180	181	С	PROV3230

CALIFORNIA CA CNCANADA CO COLORADO CTCONNECTICUT DC DISTRICT OF COLUMBIA DE DELAWARE FLORIDA GΑ GEORGIA GU GUAM HIHAWAII ΙA IOWA ID IDAHO ILLINOIS ININDIANA KS KANSAS ΚY KENTUCKY LA LOUISIANA MA MASSACHUSETTS MD MARYLAND MAINE MΙ MICHIGAN MNMINNESOTA MO MISSOURI MΡ SAIPAN MS MISSISSIPPI MTMONTANA MX MEXICO NC NORTH CAROLINA ND NORTH DAKOTA NENEBRASKA NHNEW HAMPSHIRE NJ NEW JERSEY MMNEW MEXICO NVNEVADA NEW YORK NY OH OHIO OK OKLAHOMA OR OREGON

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 6
ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

### SHORT DESCRIPTION LEN START END TYPE SAS NAME

PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT	VERMONT

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WA
                                  WASHINGTON
              WΙ
                                  WISCONSIN
              WV
                                 WEST VIRGINIA
              WY
                                 WYOMING
                                             2 182 183 C PROV2700
  STATE CODE (SSA)
    TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
    LOCATED.
    COBOL NAME: SSA-STATE
    VALUES: 01
                                  ALABAMA
              02
                                  ALASKA
              03
                                  ARIZONA
              04
                                  ARKANSAS
              05
                                  CALIFORNIA
              06
                                  COLORADO
              07
                                  CONNECTICUT
              08
                                  DELAWARE
              09
                                 DISTRICT OF COLUMBIA
              10
                                 FLORIDA
              11
                                 GEORGIA
              12
                                 HAWAII
              13
                                  IDAHO
              14
                                  ILLINOIS
              15
                                  INDIANA
              16
                                  IOWA
              17
                                 KANSAS
              18
                                 KENTUCKY
              19
                                 LOUISIANA
              20
                                 MAINE
              21
                                 MARYLAND
              22
                                 MASSACHUSETTS
              23
                                 MICHIGAN
              24
                                 MINNESOTA
              25
                                 MISSISSIPPI
              26
                                 MISSOURI
              27
                                 MONTANA
              28
                                 NEBRASKA
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006
                             POS RECORD LAYOUT
                                                                   PAGE: 7
```

ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

#### SHORT DESCRIPTION LEN START END TYPE SAS NAME

29	NEVADA
30	NEW HAMPSHIRE
31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO

41	RHODE ISLAND				
42	SOUTH CAROLINA				
43	SOUTH DAKOTA				
44	TENNESSEE				
45	TEXAS				
46	UTAH				
47	VERMONT				
48	VIRGIN ISLANDS				
49	VIRGINIA				
50	WASHINGTON				
51 52	WEST VIRGINIA WISCONSIN				
53	WYOMING				
56	CANADA				
59	MEXICO				
64	AMERICAN SAMOA				
65	GUAM				
66	SAIPAN				
STATE REGION CODE	3			С	PROV2710
FOR SELECTED STATES, IDENTIFI			N		
WITHIN THE STATE WHERE THE FA	CILITY IS LOCAT	ED			
COBOL NAME: STATE-REGION-CD		4.00		_	
STREET ADDRESS			236	С	PROV2720
STREET ADDRESS OF A PROVIDER		ED TO			
PROVIDE MEDICARE AND/OR MEDIC	AID SERVICES.				
COBOL NAME: STREET-ADDRESS	1.0	0.25	0.46	~	DD 0771 60 F
TELEPHONE NUMBER				G	PROV1605
THE 10 DIGIT TELEPHONE NUMBER	OF THE PRIMARY	CONTACT	OR		
THE OPERATOR OF A PROVIDER.					
COBOL NAME: PHONE-NUM	2	247	240	0	DD01/4770
TERMINATION CODE # 1			248	C	PROV4770
TERMINATION CODE #1, THE REAS					
TERMINATED FROM THE CLIA, MED	ICARE AND/OR ME.	DICAID			
PROGRAMS. COBOL NAME: TERM-CD-1					
VALUES:					
VALUED.					
* INDICATES THIS FIELD HAS BEEN A	DDED OR CHANGED	SINCE:	01/03	3/2006	
1DATE: 04/03/2006 POS	RECORD LAYOUT				PAGE: 8
ORGAN PROCUREMENT ORGANIZATI	ONS, CATEGORY =	"17" (S	EE POS	SITION	S 3-4)
SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00	ACTIVE				
01	VOL-MERG, CLOSE				
02	VOL-REIMBURSE				
03	VOL-RISK INVOL				
04	VOL-OTHER				
05	INVOL-FAIL REQ				
06	INVOL-AGREEMNT				
07	OTH-STATUS CHG				
TERMINATION DATE/EXPIRATION DAT	E 1 8	249	256	С	PROV4500
THE DATE THE LABORATORY'S CER	TIFICATE TERMIN.	ATED OR			
THE EXPIRATION DATE OF THE CU					
FOR OTHER NON-CLIA PROVIDERS,	IT IS THE DATE	THE			

FACILITY WAS TERMINATED.

COBOL NAME: EXP-DT-1

TYPE OF ACTION 1 257 257 C PROV2880

IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND

TRANSMITTAL FORM WAS PREPARED.

COBOL NAME: TYPE-ACTION

VALUES: 1 INITIAL

3 TERMINATION

TYPE OF CONTROL 2 258 259 C PROV2885

INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES

A PROVIDER OF SERVICES.

COBOL NAME: TYPE-CONTROL

ZIP CODE 5 260 264 C PROV2905

THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.

COBOL NAME: ZIP-CD

FIPS STATE CODE 2 265 266 C FIPSTATE

FIPS STATE CODE

COBOL NAME: WS-FIPS-STATE

FIPS COUNTY CODE 3 267 269 C FIPCNTY

FIPS COUNTY CODE

COBOL NAME: WS-FIPS-CNTY

SSA MSA CODE 3 270 272 C SSAMSACD

SSA MSA CODE

COBOL NAME: WS-SSA-MSA-CD

SSA MSA SIZE CODE 1 273 273 C SSAMSASZ

SSA MSA SIZE CODE

COBOL NAME: WS-SSA-MSA-SIZE-CD

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 1

COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CATEGORY - SUBTYPE OF PROVIDER 2 1 2 C PROV0085

A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED

NURSING FACILITIES AND HOSPITALS.

COBOL NAME: CATEGORY-SUBTYPE-IND

VALUES: 01 COMMUNITY MENTAL HEALTH CENTERS

CATEGORY OF PROVIDER/SUPPLIER 2 3 4 C PROVO075

IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE

PROVIDER OR SUPPLIER.

COBOL NAME: CATEGORY

VALUES: 19 COMMUNITY MENTAL HEALTH CENTERS

CHANGE OF OWNERSHIP COUNTER 2 5 6 N PROV0095

THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS

TAKEN PLACE FOR A PARTICULAR PROVIDER.

COBOL NAME: CHOW-CNT

CHANGE OF OWNERSHIP DATE 8 7 14 C PROV0100

EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.

COBOL NAME: CHOW-DT

CITY 28 15 42 C PROV3225

CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.

COBOL NAME: CITY

COMPLIANCE: PLAN OF CORRECTION 1 43 43 C PROV0220

INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION

OF DEFICIENCIES.

COBOL NAME: COMPL-ACCEPT-PLAN-COR

VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC

COMPLIANCE: STATUS 1 44 44 C PROV2715

INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE

WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL

VALUES: A IN COMPLIANCE

B NOT IN COMPLIANCE

COUNTY CODE 3 45 47 C PROV2695

SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY

IS LOCATED.

COBOL NAME: SSA-COUNTY

CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300

NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.

COBOL NAME: CROSS-REF-PROV-NUM

CURRENT FMS SURVEY DATE 8 58 65 C PROV0500

CURRENT FMS SURVEY DATE
COBOL NAME: FMS-SURVEY-DT-1

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2

COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CURRENT SURVEY DATE 8 66 73 C PROV2740

THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR

THE PROVIDER.

COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE 1 74 74 C PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN

THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE

2 NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 50 75 124 C PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO

PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 125 129 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER

SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME	: INTER-CARRIER-NUM	I
VALUES:	00010	BLUE CROSS (ALABAMA)
	00011	CAHABA
	00020	BLUE CROSS (ARKANSAS)
	00030	BLUE CROSS (ARIZONA)
	00040	BLUE CROSS (CALIFORNIA)
	00060	BLUE CROSS (CONNECTICUT)
	00070	BLUE CROSS (DELAWARE)
	00090	BLUE CROSS (FLORIDA)
	00101	BLUE CROSS (GEORGIA)
	00121	HEALTH CARE SERVICE CORPORATION
	00122	HCSC - MICHIGAN
	00123	HCSC OF MICHIGAN
	00130	BLUE CROSS (INDIANA)
	00131	ADMINISTAR FEDERAL (CHICAGO)
	00140	BLUE CROSS (IOWA/SOUTH DAKOTA)
	00150	BLUE CROSS (KANSAS)
	00160	BLUE CROSS (KENTUCKY)
	00180	BLUE CROSS (MAINE)
	00190	BLUE CROSS (MARYLAND)
	00200	BLUE CROSS (MASSACHUSETTS)
	00210	BLUE CROSS (MICHIGAN)
	00220	BLUE CROSS (MINNESOTA)
	00230	BLUE CROSS (MISSISSIPPI)
	00231	BLUE CROSS (LOUISIANA)
	00241	BLUE CROSS (MISSOURI)
	00250	BLUE CROSS (MONTANA)
	00260	BLUE CROSS (NEBRASKA)
	00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 3

DATE:	: 04/03/20	06		POS RECO	RD LAYO	DUT				PAG	EE: 3
	COMMUNITY	MENTAL	HEALTH	CENTERS,	CATEGOR	RY =	"19"	(SEE	POSITIO	NS 3-4	Ŀ)
SHC	ORT DESCRI	PTION				LEN	STAR	T EN	D TYPE	E SAS	NAME
	(	00280		BLUE	CROSS	(NEW	JERS	SEY)			
	(	00290		BLUE	CROSS	(NEW	MEXI	(CO)			
		00308		BLUE	CROSS	(EMP	IRE)				
	(	00310		BLUE	CROSS	(NOR	TH CA	ROLIN	(A)		
	(	00320		BLUE	CROSS	(NOR	TH DA	KOTA)			
	(	00332		COMM	UNITY N	AUTUN	L INS	URANC	E CO		
	(	00340		BLUE	CROSS	(OKL	AHOMA	7)			
		00350		BLUE	CROSS	(ORE	GON)				
		00351		BLUE	CROSS	(ORE	GON)	(IDAH	O CLAIM	IS)	
		00362		BLUE	CROSS	(IND	EPEND	ENCE)			
	(	00363		BLUE	CROSS	(WES	TERN	PENNS	YLVANIA	<i>Y</i> )	
		00366		HIGH	MARK MI	EDICA	RE SE	RVICE	S		
		00370		BLUE	CROSS	(RHO	DE IS	LAND)			
	(	00380		BLUE	CROSS	(SOU	TH CA	ROLIN	A)		
		00390		BLUE	CROSS	(TENI	NESSE	E)			
	(	00400		BLUE	CROSS	(TEX	AS)				

00410 00423 00430 00450 00452 00454 00460 00468 00511 00883 00952 00953	BLUE CROSS (UTAH) BLUE CROSS (VIRGINIA/WEST VA) BLUE CROSS (WASHINGTON & ALASKA) BLUE CROSS (WISCONSIN) UNITED GOVT SERVICES USG CALIFORNIA BLUE CROSS (WYOMING) BLUE CROSS (NORTH CAROLINA FOR PR) CAHABA PALMETTO WPS - ILLINOIS WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN
01390	AETNA (WASHINGTON)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERITAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 4 COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME MEDICARE OR MEDICAID VENDOR NUMBER 15 130 144 C PROV0655 A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM PARTICIPATION DATE 8 145 152 C PROV1565 THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT 153 160 C PROV1615 PRIOR CHANGE OF OWNERSHIP 8 THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT 5 161 165 C PROV1620 PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER. WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM 166 175 C PROV1680 PROVIDER NUMBER 10 A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-

SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.

COBOL NAME: PROV-NUM

RECORD TYPE 1 176 C PROV1720

THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.

COBOL NAME: RECORD-TYPE

VALUES: A ACCEPTED P PENDING WORK

REGION CODE 2 177 178 C PROV1725

THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE

STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES: 01 BOSTON II NEW YORK 02 03 III PHILADELPHIA 04 IV ATLANTA 05 V CHICAGO VI DALLAS 06 VII KANSAS CITY 07 08 VIII DENVER 09 IX SAN FRANCISCO X SEATTLE 10

SKELETON RECORD INDICATOR 1 179 179 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE

FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 5

COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

STATE ABBREVIATION 2 180 181 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES: AK ALASKA
AL ALABAMA
AR ARKANSAS
AS AMERICAN SAMOA
AZ ARIZONA
CA CALIFORNIA
CN CANADA

CN CANADA
CO COLORADO
CT CONNECTICUT

DC DISTRICT OF COLUMBIA

DE DELAWARE
FL FLORIDA
GA GEORGIA
GU GUAM
HI HAWAII

IA	IOWA		
ID	IDAHO		
IL	ILLINOIS		
IN	INDIANA		
KS	KANSAS		
KY	KENTUCKY		
LA	LOUISIANA		
MA	MASSACHUSETTS		
MD	MARYLAND		
ME	MAINE		
MI	MICHIGAN		
MN	MINNESOTA		
MO	MISSOURI		
MP	SAIPAN		
MS	MISSISSIPPI		
MT	MONTANA		
MX	MEXICO		
NC	NORTH CAROLINA		
ND	NORTH DAKOTA		
NE	NEBRASKA		
NH	NEW HAMPSHIRE		
NJ	NEW JERSEY		
NM	NEW MEXICO		
NV	NEVADA		
NY	NEW YORK		
OH	OHIO		
OK	OKLAHOMA		
OR	OREGON		
PA	PENNSYLVANIA		
PR	PUERTO RICO		

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 6

COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

## SHORT DESCRIPTION LEN START END TYPE SAS NAME

RHODE ISLAND

SC SOUTH CAROLINA SD SOUTH DAKOTA TNTENNESSEE TXTEXAS UTUTAH VA VIRGINIA VI VIRGIN ISLANDS VTVERMONT WA WASHINGTON WI WISCONSIN WVWEST VIRGINIA WY WYOMING

STATE CODE (SSA) 2 182 183 C PROV2700

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS

LOCATED.

COBOL NAME: SSA-STATE

RI

VALUES: 01 ALABAMA

02	ALASKA				
03	ARIZONA				
04	ARKANSAS				
05	CALIFORNIA				
06	COLORADO				
07	CONNECTICUT				
08	DELAWARE				
09	DISTRICT OF COLUMBIA				
10	FLORIDA				
11	GEORGIA				
12	HAWAII				
13	IDAHO				
14	ILLINOIS				
15	INDIANA				
16	IOWA				
17	KANSAS				
18	KENTUCKY				
19	LOUISIANA				
20	MAINE				
21	MARYLAND				
22	MASSACHUSETTS				
23	MICHIGAN				
24	MINNESOTA				
25	MISSISSIPPI				
26	MISSOURI				
27	MONTANA				
28	NEBRASKA				
29	NEVADA				
30	NEW HAMPSHIRE				

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 7

COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

# SHORT DESCRIPTION LEN START END TYPE SAS NAME

31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO
41	RHODE ISLAND
42	SOUTH CAROLINA
43	SOUTH DAKOTA
44	TENNESSEE
45	TEXAS
46	UTAH
47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON

51 52 53 56 59 64 65	WEST VIRGINIA WISCONSIN WYOMING CANADA MEXICO AMERICAN SAMOA GUAM SAIPAN				
STATE REGION CODE  FOR SELECTED STATES, IDENTIFI  WITHIN THE STATE WHERE THE FA  COBOL NAME: STATE-REGION-CD		AR REGIO		С	PROV2710
STREET ADDRESS  STREET ADDRESS OF A PROVIDER PROVIDE MEDICARE AND/OR MEDIC COBOL NAME: STREET-ADDRESS	THAT IS CERTIFI	_	236	С	PROV2720
TELEPHONE NUMBER  THE 10 DIGIT TELEPHONE NUMBER  THE OPERATOR OF A PROVIDER.  COBOL NAME: PHONE-NUM				С	PROV1605
TERMINATION CODE # 1 TERMINATION CODE #1, THE REAS TERMINATED FROM THE CLIA, MED PROGRAMS.	ON A FACILITY H	AS BEEN	248	С	PROV4770
COBOL NAME: TERM-CD-1 VALUES: 00 01	ACTIVE VOL-MERG,CLOSE				
		CINCE.	01 /01		
* INDICATES THIS FIELD HAS BEEN A 1DATE: 04/03/2006 POS COMMUNITY MENTAL HEALTH CENT	RECORD LAYOUT		•	·	PAGE: 8
1DATE: 04/03/2006 POS	RECORD LAYOUT PERS, CATEGORY =	"19" (S	EE PO	SITION	PAGE: 8
1DATE: 04/03/2006 POS COMMUNITY MENTAL HEALTH CENT	RECORD LAYOUT PERS, CATEGORY =	"19" (S	EE PO	SITION	PAGE: 8 IS 3-4)
1DATE: 04/03/2006 POS COMMUNITY MENTAL HEALTH CENT SHORT DESCRIPTION  02 03 04 05 06 07  TERMINATION DATE/EXPIRATION DAT THE DATE THE LABORATORY'S CER THE EXPIRATION DATE OF THE CU FOR OTHER NON-CLIA PROVIDERS, FACILITY WAS TERMINATED.	RECORD LAYOUT TERS, CATEGORY =  LEN  VOL-REIMBURSE  VOL-RISK INVOL  VOL-OTHER  INVOL-FAIL REQ  INVOL-AGREEMNT  OTH-STATUS CHG  TE 1 8  ETIFICATE TERMIN	"19" (S START 249 ATED OR IFICATE.	EE POS	SITION TYPE	PAGE: 8 IS 3-4)
COMMUNITY MENTAL HEALTH CENT  SHORT DESCRIPTION   02  03  04  05  06  07  TERMINATION DATE/EXPIRATION DAT  THE DATE THE LABORATORY'S CER  THE EXPIRATION DATE OF THE CU  FOR OTHER NON-CLIA PROVIDERS,  FACILITY WAS TERMINATED.  COBOL NAME: EXP-DT-1  TYPE OF ACTION  IDENTIFIES THE PURPOSE FOR WH  TRANSMITTAL FORM WAS PREPARED  COBOL NAME: TYPE-ACTION	RECORD LAYOUT TERS, CATEGORY =  LEN  VOL-REIMBURSE  VOL-RISK INVOL  VOL-OTHER  INVOL-FAIL REQ  INVOL-AGREEMNT  OTH-STATUS CHG  TE 1 8  TIFICATE TERMIN  TREENT CLIA CERT  IT IS THE DATE  1  IICH THE CERTIFIC	"19" (S START  249 ATED OR IFICATE. THE	EE POS END 256	SITION TYPE	PAGE: 8 IS 3-4) SAS NAME
COMMUNITY MENTAL HEALTH CENT  SHORT DESCRIPTION   02  03  04  05  06  07  TERMINATION DATE/EXPIRATION DAT  THE DATE THE LABORATORY'S CER  THE EXPIRATION DATE OF THE CU  FOR OTHER NON-CLIA PROVIDERS,  FACILITY WAS TERMINATED.  COBOL NAME: EXP-DT-1  TYPE OF ACTION  IDENTIFIES THE PURPOSE FOR WH  TRANSMITTAL FORM WAS PREPARED  COBOL NAME: TYPE-ACTION	RECORD LAYOUT TERS, CATEGORY =  LEN  VOL-REIMBURSE VOL-RISK INVOL VOL-OTHER INVOL-FAIL REQ INVOL-AGREEMNT OTH-STATUS CHG  TE 1 8 TIFICATE TERMIN TRENT CLIA CERT IT IS THE DATE  ALICH THE CERTIFICATE  ILICH THE CERTIFICATE  LICH THE CERTIFICATE  LEN  LEN  LEN  LEN  LEN  LEN  LEN  L	"19" (S START  249 ATED OR IFICATE. THE	EE POS END 256	SITION TYPE	PAGE: 8 IS 3-4)  SAS NAME  PROV4500

INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES

A PROVIDER OF SERVICES.
COBOL NAME: TYPE-CONTROL

VALUES:	01	PROPRIETARY
	02	CHURCH RELATED

03 NONPROFIT CORPORATION

04 OTHER NONPROFIT

05 STATE 06 LOCAL 07 FEDERAL

ZIP CODE 5 260 264 C PROV2905 THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD FIPS STATE CODE 2 265 266 C FIPSTATE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE FIPS COUNTY CODE 3 267 269 C FIPCNTY FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY 3 270 272 C SSAMSACD SSA MSA CODE SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD SSA MSA SIZE CODE 1 273 273 C SSAMSASZ

SSA MSA SIZE CODE

COBOL NAME: WS-SSA-MSA-SIZE-CD

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 9

COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

RELATED PROVIDER NUMBER 10 1228 1237 C PROV1755

THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE. COBOL NAME: RELATED-PROV-NUM

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 1 FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME CATEGORY - SUBTYPE OF PROVIDER 2 C PROV0085 2 1 A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 FEDERALLY QUALIFIED HEALTH CENTERS CATEGORY OF PROVIDER/SUPPLIER 3 4 C PROV0075 IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 21 FEDERALLY QUALIFIED HEALTH CENTERS 5 6 CHANGE OF OWNERSHIP COUNTER N PROV0095 THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT 7 14 C PROV0100 CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT CITY 28 15 42 C PROV3225 CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY COMPLIANCE: PLAN OF CORRECTION 1 43 43 C PROV0220

INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION

OF DEFICIENCIES.

COBOL NAME: COMPL-ACCEPT-PLAN-COR

VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC

COMPLIANCE: STATUS 1 44 44 C PROV2715

INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE

WITH PROGRAM REQUIREMENTS.
COBOL NAME: STATUS-COMPL

VALUES: A IN COMPLIANCE

B NOT IN COMPLIANCE

COUNTY CODE 3 45 47 C PROV2695

SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY

IS LOCATED.

COBOL NAME: SSA-COUNTY

CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300

NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.

COBOL NAME: CROSS-REF-PROV-NUM

CURRENT FMS SURVEY DATE 8 58 65 C PROV0500

CURRENT FMS SURVEY DATE
COBOL NAME: FMS-SURVEY-DT-1

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2

FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CURRENT SURVEY DATE 8 66 73 C PROV2740

THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR

THE PROVIDER.

COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE 1 74 74 C PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN

THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE

NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 50 75 124 C PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO

PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 125 129 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER

SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES: 00010 BLUE CROSS (ALABAMA)

00011 CAHABA

00020 BLUE CROSS (ARKANSAS) 00030 BLUE CROSS (ARIZONA)

```
BLUE CROSS (CALIFORNIA)
BLUE CROSS (CONNECTICUT)
BLUE CROSS (DELAWARE)
BLUE CROSS (FLORIDA)
                        00070
                       00101
                                                    BLUE CROSS (GEORGIA)
                                                    HEALTH CARE SERVICE CORPORATION
                       00121
                                           HEALTH CARE SERVICE CORPORATION
HCSC - MICHIGAN
HCSC OF MICHIGAN
BLUE CROSS (INDIANA)
ADMINISTAR FEDERAL (CHICAGO)
BLUE CROSS (IOWA/SOUTH DAKOTA)
BLUE CROSS (KANSAS)
BLUE CROSS (KENTUCKY)
BLUE CROSS (MAINE)
BLUE CROSS (MARYLAND)
BLUE CROSS (MASSACHUSETTS)
BLUE CROSS (MICHIGAN)
BLUE CROSS (MINNESOTA)
BLUE CROSS (MISSISSIPPI)
                       00123
                       00130
                       00131
                       00140
                       00150
                       00160
                       00190
                       00200
00210
                       00220
                       00230
                                                     BLUE CROSS (MISSISSIPPI)
                                                   BLUE CROSS (LOUISIANA)
BLUE CROSS (MISSOURI)
BLUE CROSS (MONTANA)
BLUE CROSS (NEBRASKA)
                       00231
                       00241
                       00250
                       00260
                        00270
                                                       NEW HAMPSHIRE-VERMONT HEALTH SERVICE
 * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT
                                                                                                                PAGE: 3
      FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)
    SHORT DESCRIPTION
                                                                         LEN START END TYPE SAS NAME
                       00280
                                                     BLUE CROSS (NEW JERSEY)
                        00290
                                             BLUE CROSS (EMPIRE)
BLUE CROSS (NORTH CAROLINA)
BLUE CROSS (NORTH DAKOTA)
COMMUNITY MUTUAL INSURANCE CO
BLUE CROSS (OKLAHOMA)
BLUE CROSS (OREGON)
BLUE CROSS (OREGON) (IDAHO CLAIMS)
BLUE CROSS (INDEPENDENCE)
BLUE CROSS (WESTERN PENNSYLVANIA)
HIGHMARK MEDICARE SERVICES
BLUE CROSS (RHODE ISLAND)
                                                     BLUE CROSS (NEW MEXICO)
                        00308
                       00310
                       00320
                       00332
                       00340
                       00350
                       00351
                       00362
                       00363
                       00366
                       00370
                       00380
                                                     BLUE CROSS (SOUTH CAROLINA)
                       00390
                                                     BLUE CROSS (TENNESSEE)
                                                   BLUE CROSS (TEXAS)
BLUE CROSS (UTAH)
BLUE CROSS (VIRGINIA/WEST VA)
BLUE CROSS (WASHINGTON & ALASI
BLUE CROSS (WISCONSIN)
UNITED COVE SERVICES
                       00400
                       00410
                       00423
                       00430
                                                       BLUE CROSS (WASHINGTON & ALASKA)
                        00450
                       00452
                                                    UNITED GOVT SERVICES
                       00454
                                                    USG CALIFORNIA
                                                    BLUE CROSS (WYOMING)
                                                    BLUE CROSS (NORTH CAROLINA FOR PR)
                       00468
                        00511
                                                     CAHABA
```

00883	PALMETTO
00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN
01390	AETNA (WASHINGTON)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERITAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

VALUES: A

Ρ

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME MEDICARE OR MEDICAID VENDOR NUMBER 15 130 144 C PROV0655 A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM 145 152 C PROV1565 PARTICIPATION DATE 8 THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT PRIOR CHANGE OF OWNERSHIP 8 153 160 C PROV1615 THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT 5 161 165 C PROV1620 PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER. WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM PROVIDER NUMBER 166 175 C PROV1680 10 A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER. COBOL NAME: PROV-NUM RECORD TYPE 176 176 C PROV1720 1 THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE

ACCEPTED

PENDING

W WORK

MA

MD

2 177 178 C PROV1725 REGION CODE THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: 01 II NEW YORK 0.2 III PHILADELPHIA 0.3 04 IV ATLANTA 05 V CHICAGO 06 VI DALLAS 07 VII KANSAS CITY VIII DENVER 09 IX SAN FRANCISCO 10 SEATTLE Χ SKELETON RECORD INDICATOR 1 179 179 C PROV2045 INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE FOR THIS PROVIDER. COBOL NAME: SKELETON-IND \* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 PAGE: 5 1DATE: 04/03/2006 POS RECORD LAYOUT FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME STATE ABBREVIATION 2 180 181 C PROV3230 STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: ALASKA ΑL ALABAMA AR ARKANSAS AS AMERICAN SAMOA AZARIZONA CA CALIFORNIA CNCANADA COLORADO CTCONNECTICUT DISTRICT OF COLUMBIA DCDE DELAWARE FLFLORIDA GΑ GEORGIA GU GUAM HIHAWAII ΙA IOWA ID IDAHO ILILLINOIS ΙN INDIANA KS KANSAS ΚY KENTUCKY LA LOUISIANA

MASSACHUSETTS

MARYLAND

```
MΙ
                                  MICHIGAN
              MN
                                  MINNESOTA
              MO
                                 MISSOURI
              MΡ
                                  SAIPAN
              MS
                                 MISSISSIPPI
              MT
                                 MONTANA
              MX
                                 MEXICO
              NC
                                 NORTH CAROLINA
              ND
                                 NORTH DAKOTA
              NE
                                 NEBRASKA
              NH
                                 NEW HAMPSHIRE
              NJ
                                 NEW JERSEY
              NM
                                 NEW MEXICO
              NV
                                 NEVADA
              NY
                                 NEW YORK
              OH
                                  OHIO
              OK
                                 OKLAHOMA
              OR
                                 OREGON
              PA
                                 PENNSYLVANIA
              PR
                                 PUERTO RICO
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT
                                                                   PAGE: 6
   FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)
  SHORT DESCRIPTION
                                            LEN START END TYPE SAS NAME
              RΙ
                                  RHODE ISLAND
              SC
                                  SOUTH CAROLINA
              SD
                                  SOUTH DAKOTA
              TN
                                 TENNESSEE
              TX
                                 TEXAS
              UT
                                 UTAH
              VA
                                  VIRGINIA
              VI
                                  VIRGIN ISLANDS
              VT
                                  VERMONT
              WA
                                 WASHINGTON
                                 WISCONSIN
              WΙ
              WV
                                 WEST VIRGINIA
              WY
                                  WYOMING
                                             2 182 183 C PROV2700
  STATE CODE (SSA)
    TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
    LOCATED.
    COBOL NAME: SSA-STATE
    VALUES: 01
                                  ALABAMA
              02
                                  ALASKA
              03
                                  ARIZONA
              04
                                  ARKANSAS
              05
                                  CALIFORNIA
```

COLORADO

DELAWARE

FLORIDA

CONNECTICUT

DISTRICT OF COLUMBIA

MAINE

ME

06

07

80

09 10

GEORGIA
IIAWAH
IDAHO
ILLINOIS
INDIANA
IOWA
KANSAS
KENTUCKY
LOUISIANA
MAINE
MARYLAND
MASSACHUSETTS
MICHIGAN
MINNESOTA
MISSISSIPPI
MISSOURI
MONTANA
NEBRASKA
NEVADA
NEW HAMPSHIRE

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 7

FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

## SHORT DESCRIPTION LEN START END TYPE SAS NAME

31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO
41	RHODE ISLAND
42	SOUTH CAROLINA
43	SOUTH DAKOTA
44	TENNESSEE
45	TEXAS
46	UTAH
47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA
52	WISCONSIN
53	WYOMING
56	CANADA
59	MEXICO
64	AMERICAN SAMOA
65	GUAM
66	SAIPAN

3 184 186 C PROV2710 STATE REGION CODE FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED COBOL NAME: STATE-REGION-CD STREET ADDRESS 50 187 236 C PROV2720 STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: STREET-ADDRESS TELEPHONE NUMBER 10 237 246 C PROV1605 THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM TERMINATION CODE # 1 2 247 248 C PROV4770 TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: TERM-CD-1 VALUES: 00 ACTIVE 01 VOL-MERG, CLOSE \* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 8 FEDERALLY OUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME VOL-REIMBURSE VOL-RISK INVOL 03 0.4 VOL-OTHER 05 INVOL-FAIL REO 06 INVOL-AGREEMNT 07 OTH-STATUS CHG TERMINATION DATE/EXPIRATION DATE 1 249 256 C PROV4500 8 THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE FACILITY WAS TERMINATED. COBOL NAME: EXP-DT-1 257 257 C PROV2880 TYPE OF ACTION IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION VALUES: 1 INITIAL 3 TERMINATION 258 259 C PROV2885 TYPE OF CONTROL INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES

COBOL NAME: TYPE-CONTROL

VALUES: 01 RELIGIOUS AFFILIATION

02 PRIVATE

03 OTHER

04 PROPRIETARY

05 GOVERNMENT - STATE/COUNTY

06 GOVERNMENT - COMB. GOVT & VOL.

A PROVIDER OF SERVICES.

ZIP CODE  THE FIVE DIGIT POSTAL CODE FOR THE PR COBOL NAME: ZIP-CD	5 ROVIDER.	260	264	С	PROV2905
FIPS STATE CODE	2	265	266	С	FIPSTATE
FIPS STATE CODE					
COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	267	269	C	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	270	272	C	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	273	273	C	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 9

FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

RELATED PROVIDER NUMBER 10 1228 1237 C PROV1755 THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS

MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.

COBOL NAME: RELATED-PROV-NUM

FEDERALLY FUNDED HEALTH CENTER 1 1816 1816 C PROV3710

INDICATED WHETHER THIS FQHC IS FEDERALLY FUNDED.

COBOL NAME: FED-FUNDED-FFHC

VALUES: N NO YES

FQHC APPROVED RHC PROVIDER # 6 1817 1822 C PROV3705

APPROVED FQHC'S RELATED RHC PROVIDER NUMBER.

COBOL NAME: APPROVED-RHC-PROV-NUM

FQHC APPROVED RURAL HEALTH CLINIC 1 1823 1823 C PROV3700

INDICATES IF THE FQHC WAS A MEDICARE CERTIFIED RURAL

HEALTH CLINIC.

COBOL NAME: APPROVED-MEDICARE-RHC VALUES: N NO YES

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 1 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 2 CATEGORY - SUBTYPE OF PROVIDER 2 C PROV0085 1 A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 CLIA88 LABORATORY CATEGORY OF PROVIDER/SUPPLIER 3 4 C PROV0075 2 IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY CLIA88 LABORATORIES VALUES: 22 CHANGE OF OWNERSHIP COUNTER N PROV0095 THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT CHANGE OF OWNERSHIP DATE 8 7 14 C PROV0100 EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT CITY 28 15 42 С PROV3225 CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY COMPLIANCE: PLAN OF CORRECTION 43 C PROV0220 43 INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC COMPLIANCE: STATUS 44 C PROV2715 INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE

WITH PROGRAM REQUIREMENTS.

COBOL NAME: STATUS-COMPL

VALUES: A IN COMPLIANCE
B NOT IN COMPLIANCE

COUNTY CODE 3 45 47 C PROV2695

SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY

IS LOCATED.

COBOL NAME: SSA-COUNTY

CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300

NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.

COBOL NAME: CROSS-REF-PROV-NUM

CURRENT FMS SURVEY DATE 8 58 65 C PROV0500

CURRENT FMS SURVEY DATE
COBOL NAME: FMS-SURVEY-DT-1

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2

CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CURRENT SURVEY DATE 8 66 73 C PROV2740

THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR

THE PROVIDER.

COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE 1 74 74 C PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN

THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE

2 NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 50 75 124 C PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO

PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 125 129 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER

SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES: 00010 BLUE CROSS (ALABAMA) 00011 CAHABA

00020 BLUE CROSS (ARKANSAS)
00030 BLUE CROSS (ARIZONA)
00040 BLUE CROSS (CALIFORNIA)
00060 BLUE CROSS (CONNECTICUT)
00070 BLUE CROSS (DELAWARE)

00090 BLUE CROSS (FLORIDA) 00101 BLUE CROSS (GEORGIA)

00121 HEALTH CARE SERVICE CORPORATION

00122 HCSC - MICHIGAN
00123 HCSC OF MICHIGAN
00130 BLUE CROSS (INDIANA)

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ADMINISTAR FEDERAL (CHICAGO)
BLUE CROSS (IOWA/SOUTH DAKOTA)
BLUE CROSS (KANSAS)
BLUE CROSS (KENTUCKY)
00131
00140
00150
00160
00180
                                        BLUE CROSS (MAINE)
                                BLUE CROSS (MAINE)
BLUE CROSS (MARYLAND)
BLUE CROSS (MASSACHUSETTS)
BLUE CROSS (MICHIGAN)
BLUE CROSS (MINNESOTA)
BLUE CROSS (MISSISSIPPI)
BLUE CROSS (LOUISIANA)
BLUE CROSS (MISSOURI)
BLUE CROSS (MONTANA)
BLUE CROSS (NEBRASKA)
NEW HAMPSHIRE-VERMONT HEALTH SERVICE
00190
00200
00210
00220
00230
00231
00241
00250
00260
00270
```

PAGE: 3 1DATE: 04/03/2006 POS RECORD LAYOUT

	OS RECORD LAYOUT PAGE: 3
CLIA88 LABORATORIES,	CATEGORY = "22" (SEE POSITIONS 3-4)
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
00280	BLUE CROSS (NEW JERSEY)
00290	BLUE CROSS (NEW MEXICO)
00308	BLUE CROSS (EMPIRE)
00310	BLUE CROSS (NORTH CAROLINA)
00320	BLUE CROSS (NORTH DAKOTA)
00332	COMMUNITY MUTUAL INSURANCE CO
00340	BLUE CROSS (OKLAHOMA)
00350	BLUE CROSS (OREGON)
00351	BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362	BLUE CROSS (INDEPENDENCE)
00363	BLUE CROSS (WESTERN PENNSYLVANIA)
00366	HIGHMARK MEDICARE SERVICES
00370	BLUE CROSS (RHODE ISLAND)
00380	BLUE CROSS (SOUTH CAROLINA)
00390	BLUE CROSS (TENNESSEE)
00400	BLUE CROSS (TEXAS)
00410	BLUE CROSS (UTAH)
00423	BLUE CROSS (VIRGINIA/WEST VA)
00430	BLUE CROSS (WASHINGTON & ALASKA)
00450	BLUE CROSS (WISCONSIN)
00452	UNITED GOVT SERVICES
00454	USG CALIFORNIA
00460	BLUE CROSS (WYOMING)
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00510	BLUE SHIELD (ALABAMA)
00511	CAHABA
00520	BLUE SHIELD (ARKANSAS)
00528	BLUE SHIELD (ARKANSAS/LOUISIANA)
00542	BLUE SHIELD (CALIFORNIA)
00550	BLUE SHIELD (COLORADO)
00570	BLUE SHIELD (DELAWARE)
00580	BLUE SHIELD (DISTRICT OF COLUMBIA)
00590	BLUE SHIELD (FLORIDA)
00621	BLUE SHIELD (ILLINOIS)

```
00630
                BLUE SHIELD (INDIANA)
00640
                 BLUE SHIELD (IOWA)
                 BLUE SHIELD (KANSAS)
00650
                 BLUE SHIELD (KANSAS/NEBRASKA)
00655
00660
                 BLUE SHIELD (KENTUCKY)
00690
                 BLUE SHIELD (MARYLAND)
00700
                 BLUE SHIELD (MASSACHUSETTS)
                 BLUE SHIELD (MICHIGAN)
00710
                 BLUE SHIELD (MINNESOTA)
00720
                BLUE SHIELD (KANSAS CITY)
00740
00751
                BLUE SHIELD (MONTANA)
00770
                 BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
00780
                 BLUE SHIELD (TRI-STATE)
00801
                 BLUE SHIELD (BUFFALO)
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	DDED OR CHANGED SINCE: 01/03/2006
	RECORD LAYOUT PAGE: 4
CLIA88 LABORATORIES, CA	ATEGORY = "22" (SEE POSITIONS 3-4)
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
00803	BLUE SHIELD (EMPIRE)
00805	BLUE SHIELD OF NEW YORK
00820	BLUE SHIELD (NORTH DAKOTA)
00825	BLUE SHIELD (NORTH DAKOTA/WYOMING)
00860	BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865	BLUE SHIELD (PENNSYLVANIA)
00870	BLUE SHIELD (RHODE ISLAND)
0880	BLUE SHIELD (SOUTH CAROLINA)
00883	PALMETTO
00900	BLUE SHIELD (TEXAS)
00901	TRAILBLAZERS HEALTH ENTERPRISES
00910	BLUE SHIELD (UTAH)
00930	BLUE SHIELD (WASHINGTON)
00951	WISCONSIN PHYSICIANS SERVICE
00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN
00973	BLUE SHIELD (PUERTO RICO)
00974	BLUE SHIELD (VIRGIN ISLANDS)
01010	AETNA (PEORIA)
01020	AETNA (ALASKA)
01030	AETNA (ARIZONA)
01040	AETNA (GEORGIA)
01120	AETNA (HAWAII)
01290	AETNA (NEVADA)
01360	AETNA (NEW MEXICO)
01370	AETNA (OKLAHOMA)
01380	AETNA (OREGON)
01390	AETNA (WASHINGTON)
02050	OCCIDENTAL (CALIFORNIA)
05130	EQICOR (IDAHO)
05440	EQICOR (TENNESSEE)
05535	EQICOR (NORTH CAROLINA)
10071	TRAVELERS (RRB)
10000	

TRAVELERS (CONNECTICUT)

10230

10240	TRAVELERS (MINNESOTA)
10250	TRAVELERS (MISSISSIPPI)
10490	TRAVELERS (VIRGINIA)
10492	TRAVELERS - VIRGINIA SPECIAL PROJECT
11260	GENERAL AMERICAN
14330	GROUP HEALTH INC (NEW YORK)
16360	NATIONWIDE (OHIO)
16510	NATIONWIDE (WEST VIRGINIA)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
21200	MASSACHUSETTS/MAINE
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO

* INDICATES THIS FIELD HAS BEEN A 1DATE: 04/03/2006 POS CLIA88 LABORATORIES, C	RECORD LAYO	JT				PAGE: 5
SHORT DESCRIPTION		·			,	SAS NAME
51390	NATIONAL HERNATIONAL HERNATION	RITAGE NEW YOF LUMA) INGTON RWATER IA) WASHIN	INSUI RK) ) ) ) NGTON	RANCE	CO	
MEDICARE OR MEDICAID VENDOR NUM A NUMBER WHICH MAY BE ASSIGNE STATE MEDICAID AGENCY FOR EXT PURPOSES. COBOL NAME: MEDICAID-VEND-NUM	D TO A FACIL ERNAL CONTRO	ITY BY	THE		С	PROV0655
PARTICIPATION DATE  THE DATE A FACILITY IS FIRST  MEDICARE AND/OR MEDICAID SERV  COBOL NAME: PARTCI-DT	APPROVED TO	-		152	С	PROV1565
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF COBOL NAME: PRIOR-CHOW-DT	OWNERSHIP.	8	153	160	С	PROV1615
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBE COBOL NAME: PRIOR-INTER-CARRI		5	161	165	С	PROV1620
PROVIDER NUMBER  A SIX OR TEN POSITION IDENTIF SIGNED TO A CERTIFIED PROVIDE IS ISSUED A 6 POSITION NUMERI A SUPPLIER IS ISSUED A 10 POS COBOL NAME: PROV-NUM	ICATION NUMB: R OR SUPPLIE: C OR ALPHANUI	ER THAT R. A I MERIC 1	r is a PROVII NUMBE	AS- DER R,	С	PROV1680
RECORD TYPE  THIS INDICATOR SPECIFIES THE  COBOL NAME: RECORD-TYPE  VALUES: A	CURRENT STAT	1 US OF E			С	PROV1720
41110110 · W	1100111111					

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D
                                 DELETED
              Ν
                                 NOT-A-LAB
              Ρ
                                 PENDING
              Τ
                                 TEMPORARY (CLIA ONLY)
                                 WORK
  REGION CODE
                                                177 178 C PROV1725
    THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
    STATE IN WHICH THE PROVIDER IS LOCATED.
    COBOL NAME: REGION
                                    BOSTON
    VALUES: 01
                                I
              02
                                 II NEW YORK
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006
                            POS RECORD LAYOUT
                                                                  PAGE: 6
           CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)
  SHORT DESCRIPTION
                                          LEN START END TYPE SAS NAME
              03
                                III PHILADELPHIA
              04
                                IV ATLANTA
              05
                                     CHICAGO
                                 V
                                VI DALLAS
              06
                                VII KANSAS CITY
              07
              80
                                VIII DENVER
              09
                                IX SAN FRANCISCO
                                X SEATTLE
              10
                                            1 179 179 C PROV2045
  SKELETON RECORD INDICATOR
    INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
    ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
    FOR THIS PROVIDER.
    COBOL NAME: SKELETON-IND
    VALUES: Y
                                 YES
                                           2 180 181 C PROV3230
  STATE ABBREVIATION
    STATE ABBREVIATION
    COBOL NAME: STATE-ABBREV
    VALUES:
            AΚ
                                 ALASKA
                                 ALABAMA
              AL
                                 ARKANSAS
              AR
              AS
                                 AMERICAN SAMOA
              AZ
                                 ARIZONA
              CA
                                CALIFORNIA
              CO
                                 COLORADO
              CT
                                 CONNECTICUT
              DC
                                 DISTRICT OF COLUMBIA
              DF:
                                 DELAWARE
              FL
                                 FLORIDA
              FN
                                 FOREIGN
              GΑ
                                 GEORGIA
              GU
                                 GUAM
              HI
                                HAWAII
              ΙA
                                IOWA
              ID
                                IDAHO
              TT.
                                ILLINOIS
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IN
                   INDIANA
KS
                   KANSAS
ΚY
                   KENTUCKY
LA
                   LOUISIANA
MA
                   MASSACHUSETTS
MD
                   MARYLAND
ME
                  MAINE
MΙ
                  MICHIGAN
                  MINNESOTA
MN
MO
                   MISSOURI
MΡ
                   SAIPAN
```

PAGE: 7 1DATE: 04/03/2006 POS RECORD LAYOUT

CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

#### SHORT DESCRIPTION LEN START END TYPE SAS NAME

RIPTION	LEN	START	END	LAPE	SAS NAME
MS	MISSISSIPPI				
MT	MONTANA				
NC	NORTH CAROLINA				
ND	NORTH DAKOTA				
NE	NEBRASKA				
NH	NEW HAMPSHIRE				
NJ	NEW JERSEY				
NM	NEW MEXICO				
NV	NEVADA				
NY	NEW YORK				
ОН	OHIO				
OK	OKLAHOMA				
OR	OREGON				
PA	PENNSYLVANIA				
PR	PUERTO RICO				
RI	RHODE ISLAND				
SC	SOUTH CAROLINA				
SD	SOUTH DAKOTA				
TN	TENNESSEE				
TX	TEXAS				
UT	UTAH				
VA	VIRGINIA				
VI	VIRGIN ISLANDS				
VT	VERMONT				
WA	WASHINGTON				
WI	WISCONSIN				
WV	WEST VIRGINIA				
WY	WYOMING				
(SSA)	2	182	183	С	PROV2700
T CODE INDICATING	STATE WHERE FACILIT	Y IS			
ME: SSA-STATE					
0.1	7 7 7 7 7 7 7 7 7				

STATE CODE

TWO DIGIT

LOCATED.

COBOL NAM

JALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA
	04	ARKANSAS
	05	CALIFORNIA

06	COLORADO
07	CONNECTICUT
08	DELAWARE
09	DISTRICT OF COLUMBIA
10	FLORIDA
11	GEORGIA
12	IIAWAH
13	IDAHO
14	ILLINOIS
15	INDIANA

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 8

CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

# SHORT DESCRIPTION LEN START END TYPE SAS NAME

16	IOWA
17	KANSAS
18	KENTUCKY
-	
19	LOUISIANA
20	MAINE
21	MARYLAND
22	MASSACHUSETTS
23	MICHIGAN
24	MINNESOTA
25	MISSISSIPPI
26	MISSOURI
27	MONTANA
28	NEBRASKA
29	NEVADA
30	NEW HAMPSHIRE
31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO
41	RHODE ISLAND
42	SOUTH CAROLINA
43	SOUTH DAKOTA
44	TENNESSEE
45	TEXAS
46	UTAH
47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA
52	WISCONSIN
53	WYOMING
64	AMERICAN SAMOA
•	

65 GUAM 66 SAIPAN 99 FOREIGN

STATE REGION CODE 3 184 186 C PROV2710

FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION

WITHIN THE STATE WHERE THE FACILITY IS LOCATED

COBOL NAME: STATE-REGION-CD

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 9

CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

STREET ADDRESS 50 187 236 C PROV2720

STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO

PROVIDE MEDICARE AND/OR MEDICAID SERVICES.

COBOL NAME: STREET-ADDRESS

TELEPHONE NUMBER 10 237 246 C PROV1605

THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR

THE OPERATOR OF A PROVIDER.

COBOL NAME: PHONE-NUM

TERMINATION CODE # 1 2 247 248 C PROV4770

TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: TERM-CD-1

VALUES:	00	ACTIVE
	01	VOL-MERG,CLOSE
	02	VOL-REIMBURSE
	03	VOL-RISK INVOL
	04	VOL-OTHER
	05	INVOL-FAIL REQ
	06	INVOL-AGREEMNT
	07	OTH-STATUS CHG
	08	NONPAYMENT OF FEES
	09	REV/UNSUCCESSFUL PARTICIPATION IN PT
	10	REV/OTHER REASON
	11	INCOMPLETE CLIA APPLICATION INFORMATION
	12	NO LONGER PERFORMING TESTS
	13	MULTIPLE TO SINGLE SITE CERTIFICATE
	14	SHARED LABORATORY
	15	FAILURE TO RENEW WAIVER PPMP CERTIFICATE
	16	DUPLICATE CLIA NUMBER
	17	UNDELIVERABLE
	20	NOTIFICATION BANKRUPTCY
	33	LAB NOT AFFILIATED WITH ACCRED ORGANIZATION
	99	OIG ACTION - DO NOT ACTIVATE

TERMINATION DATE/EXPIRATION DATE 1 8 249 256 C PROV4500

THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE

FACILITY WAS TERMINATED.

COBOL NAME: EXP-DT-1

TYPE OF ACTION 1 257 257 C PROV2880

IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND

TRANSMITTAL FORM WAS PREPARED.

COBOL NAME: TYPE-ACTION

VALUES: 1 INITIAL

2 RECERTIFICATION
3 TERMINATION

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 10

CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SHORT DESCRIPTION	LEN START END TYPE SAS NAME		
4 5 6	CHANGE OF OWNERSHIP CLIA VALIDATION ONSITE SURVEY DUE TO FLEXIBLE SURVEY		
TYPE OF CONTROL	2 258 259 C PROV2885		
INDICATES THE NATURE OF THE	ORGANIZATION THAT OPERATES		
A PROVIDER OF SERVICES.			
COBOL NAME: TYPE-CONTROL			
VALUES: 01	RELIGIOUS AFFILIATION		
02	PRIVATE		
03	OTHER		
04	PROPRIETARY		
05	GOVERNMENT - CITY		
06	GOVERNMENT - COUNTY		
07	GOVERNMENT - STATE		
08	GOVERNMENT - FEDERAL		
09	GOVERNMENT - OTHER		

10 UNK	NOWN				
ZIP CODE THE FIVE DIGIT POSTAL CODE FOR TH COBOL NAME: ZIP-CD	5 E PROVIDER.	260	264	С	PROV2905
FIPS STATE CODE FIPS STATE CODE	2	265	266	С	FIPSTATE
COBOL NAME: WS-FIPS-STATE FIPS COUNTY CODE FIPS COUNTY CODE	3	267	269	С	FIPCNTY
COBOL NAME: WS-FIPS-CNTY SSA MSA CODE SSA MSA CODE	3	270	272	С	SSAMSACD
COBOL NAME: WS-SSA-MSA-CD SSA MSA SIZE CODE SSA MSA SIZE CODE	1	273	273	С	SSAMSASZ
COBOL NAME: WS-SSA-MSA-SIZE-CD FISCAL YEAR ENDING DATE THE ENDING DATE (MONTH AND DAY) O	4 F A FACILITY'S	378 FISCA		С	PROV0485
YEAR. COBOL NAME: FISC-YR-END-DT TYPE OF FACILITY	2	593	594	С	PROV2890

INDICATES THE CATEGORY WHICH REPRESENTS THE TYPE OF

FACILITY.

COBOL NAME: TYPE-FACILITY

VALUES: 01 AMBULATORY SURGERY CENTER

02 COMMUNITY CLINIC

03 COMPREHENSIVE OUTPATIENT REHAB

04 ANCILLARY TEST SITE

05 END STAGE RENAL DISEASE DIALYSIS

06 HEALTH FAIR

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 11

CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

#### SHORT DESCRIPTION LEN START END TYPE SAS NAME

07	HEALTH MAINTENANCE ORGANIZATION
08	HOME HEALTH AGENCY
09	HOSPICE
10	HOSPITAL
11	INDEPENDENT
12	INDUSTRIAL
13	INSURANCE
14	INTERM. CARE FACIL. MENTALLY RETARDED
15	MOBILE UNIT
16	PHARMACY
17	SCHOOL/STUDENT HEALTH SERVICE
18	SKILLED NURSING/NURSING FACILITY
19	PHYSICIAN OFFICE
20	OTHER PRACTITIONER
21	TISSUE BANK/REPOSITORIES
22	BLOOD BANKS
23	RURAL HEALTH CLINIC
24	FEDERALLY QUALIFIED HEALTH CENTER
25	AMBULANCE
26	PUBLIC HEALTH LABORATORY
27	OTHER

# ACCREDITED BY AABB 1 1824 C PROV4205

INDICATES IF THE LAB IS ACCREDITED THE AMERICAN

ASSOCIATION OF BLOOD BANKS. THIS INFORMATION IS FROM

THE LABORATORY'S HCFA-116.
COBOL NAME: ACCRED-AABB-IND

VALUES: X YES

### ACCREDITED BY AOA 1 1825 1825 C PROV4200

INDICATES IF THE LAB IS ACCREDITED BY THE AMERICAN

OSTEOPATHIC ASSOCIATION. THIS INFORMATION IS FROM THE

LABORATORY'S HCFA-116.
COBOL NAME: ACCRED-AOA-IND

VALUES: X YES

## ACCREDITED BY ASHI 1 1826 1826 C PROV4225

INDICATES IF THE LAB IS ACCREDITED BY THE AMERICAN SOCIETY FOR HISTOCOMPATIBILITY AND IMMUNOGENETICS. THIS INFORMATION IS FROM THE LABORATORY'S HCFA-116.

COBOL NAME: ACCRED-ASHI-IND

VALUES: X YES

ACCREDITED BY CAP 1 1827 1827 C PROV4210

INDICATES IF THE LAB IS ACCREDITED BY THE COLLEGE OF AMERICAN PATHOLOGISTS. THIS INFORMATION IS FROM THE

LABORATORY'S HCFA-116.
COBOL NAME: ACCRED-CAP-IND

VALUES:

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 12

CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

X YES

ACCREDITED BY COLA 1 1828 1828 C PROV4215

INDICATES IF THE LAB IS ACCREDITED BY THE COMMISSION ON OFFICE LABORATORY ACCREDITATION. THIS INFORMATION IS

FROM THE LABORATORY'S HCFA-116.

COBOL NAME: ACCRED-COLA-IND VALUES: X YES

VIII015 11 115

ACCREDITED BY JCAHO 1 1829 1829 C PROV4195

INDICATES IF THE LAB IS ACCREDITED BY THE JOINT

COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATION.

THIS INFORMATION IS FROM THE LABORATORY'S HCFA-116.

COBOL NAME: ACCRED-JCAHO-IND

VALUES: X YES

ACCREDITED Y MATCH DATE AABB 8 1830 1837 C PROV5040

THE DATE THE AMERICAN ASSOCIATION OF BLOOD BANKS NOTIFIES HCFA THAT LAB IS ACCREDITED WITH AABB. THE EARLIEST Y MATCH DATE INITIATES THE BILLING OF THE

CERTIFICATE OF ACCREDITATION FEES.

COBOL NAME: ACCRED-AABB-DT

ACCREDITED Y MATCH DATE AOA 8 1838 1845 C PROV5045

THE DATE THE LAB WAS ACCREDITED BY THE AMERICAN

OSTEOPATHIC ASSOCIATION. THIS INFORMATION IS SUPPLIED

BY THE ACCREDITING ORGANIZATION.

COBOL NAME: ACCRED-AOA-DT

ACCREDITED Y MATCH DATE ASHI 8 1846 1853 C PROV5055

THE DATE THE LAB WAS ACCREDITED BY THE AMERICAN SOCIETY

FOR HISTOCOMPATIBILITY AND IMMUNOGENETICS. THIS

INFORMATION IS SUPPLIED BY THE ACCREDITING ORGANIZATION

COBOL NAME: ACCRED-ASHI-DT

ACCREDITED Y MATCH DATE CAP 8 1854 1861 C PROV5060

THE DATE THE COLLEGE OF AMERICAN PATHOLOGIST NOTIFIES HCFA THAT LAB IS ACCREDITED BY CAP. THE EARLIEST Y MATCH DATE INITIATES THE BILLING FOR THE CERTIFICATE OF ACCREDITATION FEES.

COBOL NAME: ACCRED-CAP-DT

ACCREDITED Y MATCH DATE COLA 8 1862 1869 C PROV5065

THE DATE THE COMMISSION ON OFFICE LABORATORY
ACCREDITATION NOTIFIES HCFA THAT LAB IS ACCREDITED
WITH COLA. THE EARLIEST Y MATCH DATE INITIATES THE
BILLING OF THE CERTIFICATE OF ACCREDITATION FEES

COBOL NAME: ACCRED-COLA-DT

ACCREDITED Y MATCH DATE JCAHO 8 1870 1877 C PROV5070

THE DATE THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS NOTIFIES HCFA THAT LAB IS ACCREDITED. THE EARLIEST Y MATCH DATE INITIATES THE BILLING OF THE CERTIFICATE OF ACCREDITATION FEES

COBOL NAME: ACCRED-JCAHO-DT

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 13

CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

ACCREDITED Y MATCH IND AABB 1 1878 1878 C PROV4970

INDICATES IF THE LAB IS ACCREDITED BY THE AMERICAN ASSOCIATION OF BLOOD BANKS. THIS INFORMATION IS SUPPLIED BY THE ACCREDITING ORGANIZATION.

COBOL NAME: ACCRED-AABB-MATCH-IND VALUES: Y YES

ACCREDITED Y MATCH IND AOA 1 1879 1879 C PROV4975

INDICATES IF THE LAB IS ACCREDITED BY THE AMERICAN OSTEOPATHIC ASSOCIATION. THIS INFORMATION IS SUPPLIED BY THE ACCREDITING ORGANIZATION.

COBOL NAME: ACCRED-AOA-MATCH-IND VALUES: Y

ACCREDITED Y MATCH IND ASHI 1 1880 1880 C PROV4985

INDICATES IF THE LAB IS ACCREDITED BY THE AMERICAN SOCIETY FOR HISTOCOMPATIBILITY AND IMMUNOGENETICS. THIS INFORMATION IS SUPPLIED BY THE ACCREDITING ORGANIZATION.

COBOL NAME: ACCRED-ASHI-MATCH-IND VALUES: Y YES

ACCREDITED Y MATCH IND CAP 1 1881 1881 C PROV4990

INDICATES IF THE LAB IS ACCREDITED BY COLLEGE OF

AMERICAN PATHOLOGISTS. THIS INFORMATION IS SUPPLIED BY

THE ACCREDITING ORGANIZATION.

COBOL NAME: ACCRED-CAP-MATCH-IND

VALUES: Y YES

ACCREDITED Y MATCH IND COLA 1 1882 1882 C PROV4960

INDICATES IF THE LAB IS ACCREDITED BY THE COMMISSION ON OFFICE LABORATORY ACCREDITATION. THIS INFORMATION IS SUPPLIED BY THE ACCREDITING ORGANIZATION.

COBOL NAME: ACCRED-COLA-MATCH-IND VALUES: Y YES

ACCREDITED Y MATCH IND JCAHO 1 1883 1883 C PROV4995

INDICATES IF LAB IS ACCREDITED BY THE JOINT

COMMISSION ON ACCREDITAION OF HEALTHCARE ORGANIZATIONS.

THIS INFORMATION IS SUPPLIED BY THE ACCREDITING

ORGANIZATION.

COBOL NAME: ACCRED-JCAHO-MATCH-IND VALUES: Y YES

AFFILIATED PROVIDER #1

COBOL NAME: AFFIL-PROV-NUM-1

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 PAGE: 14 1DATE: 04/03/2006 POS RECORD LAYOUT CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME AFFILIATED PROVIDER #2 10 1894 1903 C PROV4245 AFFILIATED PROVIDER #2 COBOL NAME: AFFIL-PROV-NUM-2 10 1904 1913 C PROV4250 AFFILIATED PROVIDER #3 AFFILIATED PROVIDER #3 COBOL NAME: AFFIL-PROV-NUM-3 10 1914 1923 C PROV4255 AFFILIATED PROVIDER #4 AFFILIATED PROVIDER #4 COBOL NAME: AFFIL-PROV-NUM-4 10 1924 1933 C PROV4260 AFFILIATED PROVIDER #5 AFFILIATED PROVIDER #5 COBOL NAME: AFFIL-PROV-NUM-5 10 1934 1943 C PROV4265 AFFILIATED PROVIDER #6 AFFILIATED PROVIDER #6 COBOL NAME: AFFIL-PROV-NUM-6 AFFILIATED PROVIDER #7 10 1944 1953 C PROV4270 AFFILIATED PROVIDER #7 COBOL NAME: AFFIL-PROV-NUM-7 AFFILIATED PROVIDER #8 10 1954 1963 C PROV4275 AFFILIATED PROVIDER #8 COBOL NAME: AFFIL-PROV-NUM-8 COBOL NAME: AFFIL-PROV-NUM-8
APPLICATION ACCRED ANNUAL TEST VOL 9 1964 1972 N PROV4390 ACCREDITED ANNUAL TEST VOLUME. THIS FIELD IS CALCULATED USING THE CLIA APPLICATION DATA. COBOL NAME: APPL-ACCR-ANN-TEST-VOL
APPLICATION ACCRED SCHEDULE CODE 1 1973 1973 C PROV4365 ACCREDITATION SCHEDULE CODE. THIS SCHEDULE IS FIGURED USING THE CLIA APPLICATION DATA. COBOL NAME: APPL-ACCRED-SCHED-CD VALUES: SPEC COUNT < 4 (2,001 TO 10,000 TOT. VOL.) Α SPEC COUNT > 3 (2,001 TO 10,000 TOT. VOL.) В SPEC COUNT < 4 (10,001 TO 25,000 TOT. VOL.) SPEC COUNT > 3 (10,001 TO 25,000 TOT. VOL.) D F. SPEC COUNT > 0 (25,001 TO 50,000 TOT. VOL.) F SPEC COUNT > 0 (50,001 TO 75,000 TOT. VOL.) G SPEC COUNT > 0 (75,001 TO 100,000 TOT. VOL.) SPEC COUNT > 0 (100,001 TO 500,000 TOT. VOL.) Η SPEC COUNT > 0 (500,001 TO 1,000,000 TOT VOL) Ι J SPEC COUNT > 0 (1,000,001 OR MORE TOT. VOL.) TOTAL VOLUME: 1 TO 2,000

APPLICATION RECEIVED DATE 8 1974 1981 C PROV4340

APPLICATION RECEIVED DATE. THE DATE THE APPLICATION WAS ADDED OR THE 109 DATA WAS UPDATED WITH APPLICATION DATA

COBOL NAME: APPL-RECEIVED-DT

1DATE: 04/03/2006 POS RECORD LAYOUT

CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

PAGE: 15

SHORT DESCRIPTION LEN START END TYPE SAS NAME

APPLICATION TOTAL ANNUAL TEST VOL 11 1982 1992 N PROV4325

APPLICATION TOTAL ANNUAL TEST VOLUME. THIS FIELD IS

CALCULATED USING CLIA APPLICATION DATA.

COBOL NAME: APPL-TOT-ANN-TEST-VOL

APPLICATION TYPE 1 1993 1993 C PROV4695

THE TYPE OF CLIA CERTIFICATE APPLIED FOR BY A LAB

COBOL NAME: TYPE-APPLICATION

VALUES: 1 COMP

2 WAIV

3 ACCR PPMP

1994 1994 C PROV3810 CERT TYPE CODE # 1 1

A CODE THAT IDENTIFIES THE TYPE OF LABORATORY

CERTIFICATE CURRENTLY IN EFFECT

COBOL NAME: CERT-TYPE-CD-1

COMPLIANCE VALUES: 1

> 2 WAIVER

3 ACCREDITATION

MICROSCOPY

PARTIAL ACC

REGISTRATION

CERTIFICATE MAILED DATE 1 1995 2002 C PROV4700 8

CERTIFICATE MAILED DATE 1

COBOL NAME: CERT-MAILED-DT-1

8 2003 2010 C PROV3860 CLIA CERT. EFFECTIVE DATE # 1

DATE THE CURRENT LABORATORY CERTIFICATE IS EFFECTIVE,

DETERMINED BY THE APPROVAL DATE OF THE CERTIFICATE

APPLICATION UNLESS OVERRIDDEN.

COBOL NAME: EFF-DT-1

12 2011 2022 C PROV4885 CLIA MEDICARE NUMBER

CLIA MEDICARE NUMBER

COBOL NAME: CLIA-MEDICARE-NUM

2023 2024 C PROV5935 \* CURRENT LABORATORY CLASSIFICATION

CLIA LABORATORY CLASSIFICATION DETERMINES IF LAB

IS CLIA EXEMPT, VA LABORATORY OR STANDARD LABORATORY

COBOL NAME: CLIA-LAB-CLASS-CD

VALUES: 00 CLIA LABORATORY

05 CLIA EXEMPT

10 VA LABORATORY

FAX PHONE NUMBER 10 2025 2034 C PROV5800

THE 10 DIGIT FAX PHONE NUMBER OF THE PRIMARY CONTACT OR

THE OPERATOR OF THE LABORATORY OR HOSPITAL

COBOL NAME: FAX-NUM

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 16

CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME \* LABORATORY CLASSIFICATION 1 2 2035 2036 C PROV5945 CLIA LABORATORY CLASSIFICATIN DETERMINES IF LAB IS CLIA EXEMPT, VA LABORATORY OR STANDARD LABORATORY COBOL NAME: CLIA-LAB-CLASS-CD-1 \* LABORATORY CLASSIFICATION 10 2 2037 2038 C PROV5940 CLIA LABORTORY CLASSIFICATION DETERMINES IF LAB IS CLIA EXEMPT, VA LABORATORY OR STANDARD LABORATORY COBOL NAME: CLIA-LAB-CLASS-CD-10 2039 2040 C PROV5955 \* LABORATORY CLASSIFICATION 2 CLIA LABORATORY CLASSIFICATION DETERMINES IF LAB IS CLIA EXEMPT, VA LABORATORY OR STANDARD LABORATORY COBOL NAME: CLIA-LAB-CLASS-CD-2 2041 2042 C PROV5965 \* LABORATORY CLASSIFICATION 3 CLIA LABORATORY CLASSIFICATION DETERMINES IF LAB IS CLIA EXEMPT, VA LABORATORY OR STANDARD LABORATORY COBOL NAME: CLIA-LAB-CLASS-CD-3 \* LABORATORY CLASSIFICATION 4 2043 2044 C PROV5990 CLIA LABORATORY CLASSIFICATION DETERMINES IF LAB IS CLIA EXEMPT, VA LABORATORY OR STANDARD LABORATORY COBOL NAME: CLIA-LAB-CLASS-CD-4 2045 2045 C PROV4175 MULTIPLE SITE CERTIFICATE IND INDICATES IF A LAB HAS APPLIED FOR ONE CERTIFICATE FOR MULTIPLE SITES. COBOL NAME: MULTI-SITE-IND VALUES: N NO V YES 1 2046 2046 C PROV4190 NON-PROFIT CODE NON-PROFIT CODE INDICATOR COBOL NAME: NON-PROFIT-IND VALUES: N NO Y YES 2047 2055 N PROV4330 NUMBER NON-WAIVED INDIVIDUALS 9 TOTAL NUMBER NON-WAIVED INDIVIDUALS LISTED ON PAGE 4 OF THE HCFA-116. COBOL NAME: TOT-NUM-NON-WAIVED-IND 2056 2059 N PROV4295 NUMBER OF CLINICAL CONSULTANTS NUMBER OF CLINICAL CONSULTANTS AS REPORTED ON THE LABORATORY APPLICATION FORM HCFA-116 COBOL NAME: NUM-CLIN-CONSULT 4 2060 2063 N PROV4290 NUMBER OF DIRECTORS NUMBER OF DIRECTORS COBOL NAME: NUM-DIRECTORS

2064 2067 N PROV4310

NUMBER OF GENERAL SUPERVISORS

LABORATORY APPLICATION FORM HCFA-116

NUMBER OF GENERAL SUPERVISORS AS REPORTED ON THE

COBOL NAME: NUM-GEN-SUPER

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 17 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME NUMBER OF LAB SITES 4 2068 2071 N PROV4180 THE TOTAL NUMBER OF LAB SITES FOR WHICH A LAB HAS APPLIED FOR A SINGLE CERTIFICATE. COBOL NAME: TOT-NUM-SITES NUMBER OF LABS DIRECTLY AFFILIATED 1 2072 2072 N PROV4235 NUMBER OF LABORATORIES DIRECTLY AFFILIATED COBOL NAME: NUM-AFFIL-LABS 4 2073 2076 N PROV4300 NUMBER OF TECHNICAL CONSULTANTS NUMBER OF TECHNICAL CONSULTANTS AS REPORTED ON THE LABORATORY APPLICATION FORM HCFA-116 COBOL NAME: NUM-TECH-CONSULT 4 2077 2080 N PROV4305 NUMBER OF TECHNICAL SUPERVISORS NUMBER OF TECHNICAL SUPERVISORS AS REPORTED ON THE LABORATORY APPLICATION FORM HCFA-116 COBOL NAME: NUM-TECH-SUPER NUMBER OF TESTING PERSONNEL 4 2081 2084 N PROV4315 NUMBER OF TEST PERSONNEL AS REPORTED ON THE LABORATORY APPLICAITON FORM HCFA-116 COBOL NAME: NUM-TEST-PERSONNEL NUMBER WAIVED INDIVIDUALS 6 2085 2090 N PROV4285 TOTAL NUMBER OF INDIVIDUALS INVOLVED IN WAIVED LABORATORY TESTING AS REPORTED ON THE LABORATORY APPLICATION FORM HCFA 116 COBOL NAME: TOT-NUM-WAIVED-IND \* PENDING LABORATORY CLASSIFICATION 2 2091 2092 C PROV5980 CLIA LABORATORY CLASSIFICATION DETERMINES IF LAB IS CLIA EXEMPT, VA LABORATORY OR STANDARD LABORATORY COBOL NAME: PEND-CLIA-LAB-CLASS-CD PREVIOUSLY REGULATED INDICATOR 1 2093 2093 C PROV3610 INDICATES IF THE LABORATORY WAS LICENSED UNDER CLIA 67 OR PARTICPATED IN THE MEDICARE/MEDICAID PROGRAMS. COBOL NAME: CLIA67-IND VALUES: N NO Y YES 10 2094 2103 C PROV4890 SHARED LAB CROSS REFERENCE # SHARED LAB CROSS REFERENCE # COBOL NAME: SHARED-LAB-XREF-NUM 1 2104 2104 C PROV4880 SHARED LAB INDICATOR SHARED LAB INDICATOR COBOL NAME: SHARED-LAB-IND VALUES: Y YES SURVEY CERTIFICATE SCHEDULE CODE 1 2105 2105 C PROV4470 1557 CERTIFICATE SCHEDULE CODE. THIS CODE IS SYSTEM GENERATED AND IS BASED ON THE TEST VOLUME AND SPECIAL TIES ENTERED INTO ODIE FOLLOWING THE SURVEY.

CLIA FEES ARE BASED ON THE SCHEDULE CODES.

COBOL NAME: SURV-CERT-SCHED-CD

VALUES:

\* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 18

CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

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* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006
                               POS RECORD LAYOUT
           CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)
  SHORT DESCRIPTION
                                              LEN START END TYPE SAS NAME
               Α
                                   SPEC COUNT < 4 (2,001 TO 10,000 TOT. VOL.)
               В
                                   SPEC COUNT > 3 (2,001 TO 10,000 TOT. VOL.)
                                   SPEC COUNT < 4 (10,001 TO 25,000 TOT. VOL.)
               С
               D
                                   SPEC COUNT > 3 (10,001 TO 25,000 TOT. VOL.)
               \mathbf{E}
                                   SPEC COUNT > 0 (25,001 TO 50,000 TOT. VOL.)
               F
                                   SPEC COUNT > 0 (50,001 TO 75,000 TOT. VOL.)
               G
                                   SPEC COUNT > 0 (75,001 TO 100,000 TOT. VOL.)
                                   SPEC COUNT > 0 (100,001 TO 500,000 TOT. VOL.)
              Н
                                   SPEC COUNT > 0 (500,001 TO 1,000,000 TOT VOL)
               Ι
               J
                                   SPEC COUNT > 0 (1,000,001 OR MORE TOT. VOL.)
                                   TOTAL VOLUME: 1 TO 2,000
  SURVEY COMPLIANCE SCHEDULE CODE
                                                     2106 2106 C PROV4475
    1557 COMPLIANCE SCHEDULE CODE THIS CODE IS SYSTEM
    GENERATED AND IS BASED ON THE NUMBER OF TESTS AND
    SPECIALTIES ENTERED INTO ODIE FOLLOWING THE SURVEY.
    CLIA FEES ARE BASED ON THE SCHEDULE CODES.
    COBOL NAME: SURV-COMPL-SCHED-CD
    VALUES:
                                   SPEC COUNT < 4 (2,001 TO 10,000 TOT. VOL.)
              Α
              В
                                   SPEC COUNT > 3 (2,001 TO 10,000 TOT. VOL.)
                                   SPEC COUNT < 4 (10,001 TO 25,000 TOT. VOL.)
               C
               D
                                   SPEC COUNT > 3 (10,001 TO 25,000 TOT. VOL.)
                                   SPEC COUNT > 0 (25,001 TO 50,000 TOT. VOL.)
               \mathbf{E}
                                   SPEC COUNT > 0 (50,001 TO 75,000 TOT. VOL.)
               F
              G
                                   SPEC COUNT > 0 (75,001 TO 100,000 TOT. VOL.)
                                   SPEC COUNT > 0 (100,001 TO 500,000 TOT. VOL.)
              Η
               Ι
                                   SPEC COUNT > 0 (500,001 TO 1,000,000 TOT VOL)
               J
                                   SPEC COUNT > 0 (1,000,001 OR MORE TOT. VOL.)
                                   TOTAL VOLUME: 1 TO 2,000
               ۲7
  SURVEY TEST VOLUME TOTAL
                                               9
                                                     2107 2115 N PROV4460
    SURVEY TEST VOLUME TOTAL. THE NUMBER OF TESTS PERFORMED
    ANNUALLY IN A LABORATORY. THIS INFORMATION IS
    COLLECTED AT THE TIME OF THE STATE SURVEY AGENCY
    INSPECTION.
    COBOL NAME: SURV-TOT-ANN-TEST-VOL
  TERMINATION CODE
                                               2
                                                     2116 2117 C PROV5805
    THE REASON A LABORATORY'S CLIA CERTIFICATE HAS ENDED
    COBOL NAME: TERM-CD
                                   ACTIVE
    VALUES:
             0.0
               01
                                   VOL-MERG, CLOSE
               02
                                   VOL-REIMBURSE
               03
                                   VOL-RISK INVOL
               04
                                   VOL-OTHER
```

INVOL-FAIL REO

INVOL-AGREEMNT

OTH-STATUS CHG

NONPAYMENT OF FEES

05

06

07

80

1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 20

CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN START END TYPE SAS NAME				
09	REV/UNSUCCESSFUL PARTICIPATION IN PT				
10	REV/OTHER REASON				
11	INCOMPLETE CLIA APPLICATION INFORMATION				
12	NO LONGER PERFORMING TESTS				
13	MULTIPLE TO SINGLE SITE CERTIFICATE				
14	SHARED LABORATORY				
15	FAILURE TO RENEW WAIVER PPMP CERTIFICATE				
16	DUPLICATE CLIA NUMBER				
17	UNDELIVERABLE				
20	NOTIFICATION BANKRUPTCY				
33	LAB NOT AFFILIATED WITH ACCRED ORGANIZATION				
99	OIG ACTION - DO NOT ACTIVATE				

TOTAL WAIVED TEST VOL 9 2118 2126 N PROV4280

TOTAL WAIVED TEST VOLUMES

COBOL NAME: TOT-ANN-TEST-VOL-WAIVED